DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF DEPARTMENT OF HEALT

MAKTLAND	(1)	22		
H AND MENTAL HYGIENE	C.o	1	Gra .	2
TE OF DEATH	REG. NO.			

Julia Sindry Randell

	01	REGISTRAR				CERT	FICATE OF	DEATH		REG. N	10.			
		CEASED NAME	FIRST	м	IDDLE		LAST		20 DATE O	FDEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE	OR PRINT)	SUSIE	ELTZ	ABETI	T AD	AMS				10-1	19-87	730	1
	3. SE)			4 RACE	I		OF BIRTH		& AGE (IN	YEARS LAST BI	#THDAY)	IF UNDER I YEA		_
		Female		Shit	te	MON	TH 20-	04	8	3	YRS	MONTHS DAYS	HOURS	MIN.
5		RTHPLACE (STATE C		76. CITIZEN OF V	VHAT COUN	TRY? 8	EDXX NEVER		9. BALTIMO	ORE CITY		Y OF DEATH		
)		Virgin:		US		WIDOV	VED D	NORCED	G I	Anne	Arun	del		M
	10. CI	TY OR TOWN OF D	EATH	11. NAME OF H		URSING HOME STREET ADDRESS)	OR OTHER INS	TITUTION	12a USUAL (TYPE OF WO		OF WORKING L		OF BUSINESS	S OF
		en Burn:		North				cent	Hous	sewi:	fe	Hou	sehol	d
	13a S	AL RESIDENCE (IF NO	136. COUN	TY	13c. CITY OR	TOWN	134 INSIDE		13e. STREET	_		of	10<	7
		Md.	A. F	runde	Gami	orills	YES	S MAIDEN NA	P.O.	Box	/1			1
3	I	FIRST		MOPHE 7	2 Hox	Son	IS. MOTHER	Pest die	WL	WIDOLE		Wils	on	
5		VAS DE EASED EVI		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	11	ADDR	ESS C		#17	
	, I	VES, NO OR UNKNOWN)	I IF YES, GIVI	WAR OR DATES	217-4	16-3625	Edo	ar E.	Ada	m5 5	r. Sc	ame as	1/3	
		18 CAUSE OF DE			line for (a), (	b), and (c).)			1 2	1 1		BETWEE	NUMBET AND DE	ATH
		PART I. DEATH		E CAUSE (a)	1640	Lotes	CLIC	rliduc	rust 1	11-6/0	non	- Lan		
				DUE TO, OR	AS A CONS	SEQUENCE OF								
		Conditions, if a		(b)										
		cause (a), sta	iting the	DUE TO, OR	AS A CONS	SEQUENCE OF								
				[c)										
	Z	PART 2. OTHER SI	GNIFICANT	ONDITIONS <u>CO</u>	NIKIBUTING	2 10 DEATH BE	JI NOI KELAIE	D TO THE TERM	INAL DISEA:	SE OR COR	NDITION GI	VEN IN PARI	110	
7	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDI	TION FOR W	HICH OPERATI	ON WAS PERF	DRMED	20e AUT	OPSY?	20b. IF YE	S, WERE FIND	INGS USED	
7	TIFIC								YES 🗆	NO		IFYING CAUSE ES 🔲	NO	?
	S.	210. ACCIDENT WAS		2 Ib. TIME OF	NJURY	H DAY YEA		VJURY OCCUR	RED (ENTERN	ATURE OF INJ	URY IN ITEM 18	PART I OR PART 2		
7	N N	OR CONTRIBUTING		in .		19								
	MEDICAL	21d. INJURY OCCU	JRRED	21e PLACE C		FFICE, FARM ETC )	211. LOCAT			CITY OR T	OWN	COUNTY	STA	TE
	2	AT WORK AT	WHILE WORK				,							
		22s I certify that		13112	deceosed f	2 -		. 19	<u>\</u>	011		19 5 1	, that (1) (we	17-10
			osed glive on 7 (did) (did <del>no</del>	the body	after death.	19 3 1		Tour opinion	deoth occurr	ed on the	date and ho			ed
		226 SIGNATURE	01	/		b	DEGREE	ATTENDING >	MEDICAL	ST/	AFF		E SIGNED	)
7		224 PHYSICIAN'S	NAME INVO	D CODE TO	bon		22e, ADDRE	ATTENDING PHYSICIAN	POIRECTOI	R PHYS	ICIAN 🗌	110	11/15/	
/		D CLANS	The lives	Ray	20,50	K MO	D( -	7,100	es	160	982	real		
_	230 5	BURIAL, CREMATIO	N PEMOVAL	236. DATE		23¢ NAME OF	CEMETERY OR	CREMATORY	234 100	ATION				
		(SPECIFY)	I, KLINOVAL	230. DATE		1	CL/METERT ON	CCITION I		Y OR TOWN		COUNTY	STA	ATE
		Burial		10/2	0/07	Dalar	vin Mei	norial	Mil	lore	vill	0 7 7	. Mc	7

Hardesty Funeral Home, Annapolis, Md.

etoined by the hospital TO HOSPITAL

10 FUNERAL UNESTREET AND STATE BUTTOLITORS PERMIT The should be detached for use as the burtol Hygiene prior to with the Stote Dept. of Health and Mentol Hygiene prior to IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury TO FUNERAL DIRECTOR. After this certificate has been

DHMH - 16 50M 1/81 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

070858	Mb	FOR STATE REGISTRA		DEPARTM	_	EALTH AND MENTAL HYG	IENE	REG. NO.		
eoth secth		CEASED NAME FIRST CONNIA	E 14	MIDDLE	R	BEIGHT	20 DATE OF	DEATH MONTH D	7 87	6 35/A
ge 4 may	3 SE	x emale	White		Dec:	F BIRTH 31 ,DAY 1 897 EAR	6. AGE (IN YE.	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
deoin Po	N	orth Carolina	U.S.		WIDOWE		9 BALTIMOR Anno	e Arundel	County	M
3. offer		rofton		HOSPITAL, NURSIN		ROTHER INSTITUTION  Center	THOME	CCUPATION FOR THE RESERVE LIFE	125 KIND OI	Home
24 hour	5 Sec. 1	AL RESIDENCE (IF NURSING HOME OF		Adelphow		134 INSIDE CITY LIMITS?		DDRESS / ZIP CODE Oth Avenu	e 2078	33
omplete	1	ATHER'S NAME Robert	MIDDLE L.	Furr		IS MOTHER'S MAIDEN NA/		Josephine		arbee
on only s. Po			RMED FORCES? VE WAR OR DATES)	216-09-02		Joyce A. Jer		Adelphi,	Md. 20	783
g physics on paper removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause pe ED BY: TE CAUSE (o)	r line far (a), (b), and	lin	Arrest			BETWEEN	MATE INTERVAL INSET AND DEATH
he death ce be attendin emove corb motion, or traumotic		Canditions, if ony, which gave rise to immediate cause (a), stating the	(b)_	OR AS A CONSEQUE	narg	Heart Dr	een			
and by the property or other y, or other		PART 2 OTHER SIGNIFICANT	( (c)			NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVE	N IN PART I a	
in.  In.  has been signered in permit. There prior to be the permit.	CERTIFICATION	190 DATE OF OPERATION	Jener 196 CONE	DITION FOR WHICH	OPERATIO	VWAS PERFORMED	200 AUTO		WERE FINDIN	
g physicic g physicic redifficate redifficate and Hygir		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A		Y YEAR	21¢ HOW INJURY OCCURE				
offending offer this of the bud Mend Mend Mend Mend Mend Mend Mend Men	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Spital or CTOR A Ifor use of Health		220.1 certify that (I) (this hasp saw the deceased alive or above. (I) (did no	Octob	er 6 10 9	-: 5	d that in (my) (aur) apinion		tober 24 and hour	9 <u>87</u> , t	hat (1) (we) last auses stated
TAL OR y the hory the horderchecker hote Dept		27b. SIGNATURE	17(	Mol	, m	ATTENDING PHYSICIAN	Asst MEDICAL DIRECTOR [	STAFF PHYSICIAN [	22¢ DATES	IGNED
TO HOSPIT etained by TO FUNER should be with the Str		Paul S	Pho		Ann.		often (	Cente	Ceft	es .
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	10/30/	87 Ft.	Linc	oln Cemetery	Bren	twood P.		arylahd
DHMH - 16 60M 7/84 (VRA 15, 4)		rancis Gasch's 739 Baltimore A					VECTO A R	987 Julia A	AR'S SIGNATU	

The said should be seen a

100 4 1087 File Amberilla Australia

DHMH - 16 60M 7/84 (VRA 15, 4)

I DECEASED NAME

FIRST

LENA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		EG. NO.	-
LAST	20 DATE OF DE	ATH MONT	14

ALLEN

MIDDLE

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2	7	7	2	7
10.			E	DT

YEAR

26 HOUR

9:30 A

OCTOBER 23, 1987

1	Female	White	MONTH	6 <sup>AY</sup> 1896	91	MONTHS DAYS HOURS MIN.
7	Pennsylvania	76. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED WIDOWED	DIVORCED D	BALTIMORE CITY OR CO	
4	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDEL	HOSPI		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWife	
7		other institution give residence before NTY 134 CITY OF TOW INCH CAST	le l	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZI	irlisle Street
1	Simon	MIDDLE Hart		15 MOTHER'S MAIDEN NAM	MIDDLE	Schweingru
2	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 196-38-		Fred H. Alle	n RD#1 NewWil	
The same of the same	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (c)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO CO	NCE OF SHOL	FAILURE	INAL DISEASE OR CONDITION	APPROXIMAN INTERVAL BETWEEN ONSENAND DEATH  ANDLO  ZHUS  ZHUS  ON GIVEN IN PART 110
1	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		ID. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTHY MEDICAL EXAMINET  71d INJURY OCCURRED  WHILE NOT WHILE AT WORK  270 I certify that (1) (this haspi  sow the deceased alive on	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  1al) attended the deceased from (1) (1) spew the body after death.	19 ARM ETC)  70/11	211 LOCATION SIREET  , 19  d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	counity state  , 19 , that (I) (we) last and hour and from the causes stated
	PAUL J. YOUNG		NAME OF CE		SPITAL DRIVE URNIE MARYLA 123d LOCATION	ND 21061
	Burial Marzullo Funeral	10-26-87 Oa		Cemetery 250 DATE	New Castle	Lawrence PA. STATE



by the funeral director page 3

1 - STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.	
LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOU
Andrews	10/15/87	1/20
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHO	
	111	MONTHS DAYS HOURS
		YRS
MARRIED NEVER MARRIED		) ) (
		trundel
JURSING HOME OR OTHER INSTITUTION (E STREET ADDRESS)		
el General Hospita	1 Homema	Ker Home
E BEFORE ADMISSION)		
	1 0 - // 1	Chane 2140
15. MOTHER'S MAIDEN	130000	
	MIDDLE	C 12
		Sacks
	- 0	saine as
0-3866 Chaples	s J. Hodrew	5- #13
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secretary of 11	1	
occurt mal	Lange	2 mg
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ISEQUENCE OF TOTAL	MARRIYY	10 May 11
o to the poor	7-07-001 0	
IG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDI	TION GIVEN IN PART TIO
aisear)	The second of	OF REAL PROPERTY OF THE PARTY O
WHICH OPERATION WAS PERFORMED		No. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
Charles Co. Harris Co.	YES NOW	YES NO
THE HOW INJURY OCC	URRED TEMPERATURE OF HARMY	NOTE OF PART 1 OF PART 21
AND THE PERSON OF THE PERSON O		
711 LOCATION		
		notes the same of
OPPICE FARM ETC.)	_ City Da Hown	COUNTY
1	7 City Da low	15 67
from fewy 10 2	7 000	15 1987, that (1) (4
from 192 198 and that in (my) (our) opin	7 000	15 148 that (II for and hour and from the causes sta
from 19 2 19 2 and that in (my) (our) opin	ion death or fred on the date	15 1987, that (1) (4
from 19 1 19 5 and that in (my) (our) opin DEGREE ATTENDEN PHYSICIAN	ion death or fred on the date	19 8 that (If (*) and hour and from the course sta
from 19 19 19 19 19 19 19 19 19 19 19 19 19	oion death of red on the date	ond hour and from the courses sta
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from 192  198 and that in Uny) (our) opin  DEGREE  ATTENDRAL PHYSICIA  216 ADDRESS  226 8 A	This ion death is Ared on the date of MEDICAL PHYSICIAN RUNARY	ond hour and from the courses sta
and that in (my) (aur) opin  DEGREE ATTENDEN PHYSICIAL 23c NAME OF CEMETERY OR CREMATO	MEDICAL STAFF DIRECTOR PHYSICIA  RY 236. LOCATION CITY OR TOWN	ond hour and from the courses sta
and that in (my) (aur) opin  DEGREE  ATTENDEN PHYSICIAL  21e ADDRESS  2568A  23c NAME OF CEMETERY OR CREMATO  HILCHES	mion death betweed on the date  STAFF  DIRECTOR PHYSICIA  RY 23d. LOCATION  CITYOR TOWN  AND POLITY	13 19 82, that It is a sold hour and from the courses state of the DATE SIGNED NO 10/16/2
	S. DATE OF BIRTH  MONTH DAY YEAR  MARRIED NEVER MARRIED  WIDOWED DIVORCED  NURSING HOME OR OTHER INSTITUTION  WE STREET ADDRESS!  PLANDERS SI  REPORT ADMISSION  13d INSIDE CITY LIMITS  YES NO  15. MOTHER'S MAIDEN  AST  AST  THE HOW INJURY OF THE TOTHE	S. DATE OF BIRTH  MONTH  DAY  YEAR  AGE (IN YEARS LAST BIRTHO  MINTRY? 8.  MARRIED NEVER MARRIED  WIDOWED DNORGED  NURSING HOME OR OTHER INSTITUTION  WE STREET ADDRESS!  THE COMMISSION  113d INSIDE CITY LIMITS?  12e STREET ADDRESS / Z  TOWN  13d INSIDE CITY LIMITS?  13e STREET ADDRESS / Z  15. MOTHER'S MAIDEN NAME  MIDDLE  AST  AST  THE HOW INJURY OCCURRED  THE ATTENDANCE OF CONDITION  WHICH OPERATION WAS PERFORMED  THE ATTENDANCE OF MAINT SEASE OR CONDITION  WHICH OPERATION WAS PERFORMED  THE ATTENDANCE OF MAINT SEASE OR CONDITION  WHICH OPERATION WAS PERFORMED  THE DAY  THE HOW INJURY OCCURRED  THE ATTENDANCE OF MAINT SEASE OR CONDITION  WHICH OPERATION WAS PERFORMED  THE DAY  THE HOW INJURY OCCURRED  THE ATTENDANCE OF MAINTENANCE OF MAINTENANC

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of should be detached for use as the burial-transit permit. Then please remove carban papers. Paywith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

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COMIC SOUND TO SEE STATE OF SOUND SO

The El 130 September 12 January 1997 of

FOR

STATE OF MARYLAND

231 NAME OF CEMETERY OR CREMATORY

REG. NO. YEAR 26 HOUR 930 8 6 A-M IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR Maruland apwar 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T CITY OR TOWN COUNTY STATE 0 STAFF 23d LOCATION

BP

DHMH - 16 50M 7/77 (VRA 15 (4))

230. BURIAL, CREMATION, REMOVAL Burla

24 FUNERAL DIRECTOR

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# STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	da 1		13	U		
REG. I	NO.			ED	T	
ATE OF DEATH	HTMOM	DAY	YEAR	2b H	OUR	
CTOBER	21,	1987	7 5	00	PM	M
LIN YEARS LAST E	HRTHDAYI	IF UND	FRIYEAR	IF UN	DER 24 HO	25

28	81	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	TENE REG. N	0.	1 5	EDT
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	live	DOROTHY	r	LILLIA	IN BA	XTER		OCTOBER	21. 1	987 50	O PM M
	3 SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BE			IF UNDER 24 HRS
~	1	Female	9.18	Whi	te	Marc	h 6°, 1918	69		ONTHS DAYS	HOURS MIN.
2	(	RTHPLACE (STATEORF	ORE IGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		aryland			SA	WIDOWE		ANNE ARU			MD.
11		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
T		EN BURNIE			RUNDEL HO		AL .	Secretary	(Ret)	A A Co	5. 01
1	130. 5	AL RESIDENCE (# NURS STATE aryland	13b. COU		13c. CITY OR TOWN Pasadena	N	13d. INSIDE CITY LIMITS?	932 Pierpo	int Dr	ive 2	21122
500	14 FA	THER'S NAME	2 5	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
1		Harry	1.5-18.1		Gempp		Amelia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Schr	odetzki
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECUI	RITY NO.	17 INFORMANT (Dau	ghter) ADDR	ESS 8456	Kentor	Road
		NA	NA		212.05.1	624	Gail B. Rume	nap	Pasa		1d. 2112
		IL CAUSE OF DEAT	H (Enter ar	nly one couse per	line for (a1, (b1, and	f (c).)				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
		PART I. DEATH W		D BY: TE CAUSE (o)	Conge	KIN	e theart	failme		dar	ta-
		Conditions, if ony,	which	DUE TO, O	R AS A CONSEQUE	NCE OF	ocardal I	in foneton		da	M
		gave rise to imm cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF		0			Ů
	NOI	PART 2 OTHER SIGN	VIFICANT (	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
7	CERTIFICATION	190. DATE OF OPERAT	ION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING ING CAUSES O	
à	_	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM TO PA	RT I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	IIE 🗍		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		220.1 certify that (1) saw the decease	ed alive an	10-21	198	13-	nd that in (my) (our) opinion	to 19-21		/	hat (I) (we) last ouses stated
		above, (1) (we) (c 22b. SIGNATURE	yd) (did no	view the body	orter death.	/	DEGREE			22c. DATE S	IGNED
		1	2	nr	Fn		ATTENDING PHYSICIAN TO	MEDICAL STA	FF CIAN []	10-	25-87
1		22d. PHYSICIAN'S NA		OR PRINT)	1		1220 ADDRESS	UAHART ROA			
1		SANG C D		1.D.		ine of t	GLEN PURNIT		21061		
		BURIAL, CREMATION,	KEMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	74 E	Burial UNERAL DIRECTOR	-	Oct 24	198/J G1	en Ha	aven Mem. Park	C   Glen Bu		A A Co.	Md.
1		ingleton Fi	mera	Home	Glen Buri	nie.	1.06	1271987	F	- Margara	3 4 1

Glen Burnie, Maryland

DHMH-16 50M 1/81 (VRA 15, 4)

Singleton Funeral Home

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbompopers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the ATER ARRESTS CORNEY

District District Table

PARTE ATT

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y filled in by the funeral director, page 3 spauld in Tiled in page 3.

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injury, or other traumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attest should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene priar ta burial, crematian. marked or Item 18 showroay

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. N	10.			EL	T
28. DATE OF DEATH	HIMOM	DAY	YEAR	2b. H	OUR
OCTOBER	13,	198	37 4	30	PM
A ACE INIVERSELACION	MATERIA VI	15 1151	DEBLYEAD	15 1 10.0	DER 24 M

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

L DEC	REGISTRAR			HEALTH AND MENTAL HYĞ FICATE OF DEATH	REG. NO			EDI	Γ
	CEASED NAME FIRST		MIDDLE	LAST		HIMOM	DAY YEAR	2b HO	
,	MARIE	E•	BEASMA	W.	OCTOBER	13,	1987	480	PM
3. SE)	(	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE		
1	Female	V	hite Jul	JY 17, 1921	66	YRS.	MONTHS DA	YS HOURS	Mil
7a. Bl	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		9 BALTIMORE CITY O		Y OF DEATH		
(	Maryland	II.	S.A. WIDOW	ED NEVER MARRIED WEDKX DIVORCED	ANNE ARU	INDEL	COUNTY	(	
G	TY OR TOWN OF DEATH	NORTH	HOSPITAL, NURSING HOME HACKITY GIVE STREET ADDRESS ARUNDEL HOSPI	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	F WORKING L		D OF BUSIN	ESS
13a. S	AL RESIDENCE (# NURSING HOME TATE (aryland ba	or other institution. UNITY  Ltimore	GIVE RESIDENCE BEFORE ADMISSION 13(. CITY OR TOWN ESSEX	13d. INSIDE CITY LIMITS? YES NO	134. STREET ADDRESS 2312 Pop	lar R	load 2	21221	
AFA	THER'S NAME FIRST Louis	MIDDLE	Ruppert	15. MOTHER'S MAIDEN NAME OF THE STANDA	ME		Schr	idt	
6a V	AS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55			
10	INO OR UNKNOWN) IF YES,	GIVE WAR OR DATES]	217-09-6910	Arthur H. Be	easman 2312	Popl	ar Rd.	2122	21
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TION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, O  (b)  DUE TO, O  (c)  T CONDITIONS C	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM			- 134		
IFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, O  (b)  DUE TO, O  (c)  T CONDITIONS C	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	70a AUTOPSY?	206. IF YE	ES, WERE FIN	DINGS US	ATH?
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FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

0 36	EX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	87 11:30  IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS I MIN
	emale	White	October 4, 1922	65 YRS.	
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
	Michigan	U.S.A.	RSING HOME OR OTHER INSTITUTION	Anne Arundel	County
,	Lothian, MD	11. NAME OF HOSPITAL, NU 11. NAME OF HOSPIT	TREET_ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)  Secretary	Maryland
13a	JAL RESIDENCE (# NURSING HOME STATE 13b COI Maryland Prin	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 13c. CITY OR 1		13e STREET ADDRESS / ZIP COL	DE .
-	ATHER'S NAME	ce deorge's An	15. MOTHER'S MAIDEN NA		
V	Peter	VerHo	ek Iva	MIDDLE	Fansler
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16h SOCIALS		band) ADDRESS 5th	Avenue
N	YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES) 217-18		ell, Sr. Lothian	Maryland 20
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b	o, and ice		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUS	SED BY Carc:	inomatosis		One month
	underlying cours lost		EQUENCE OF		
ICATION	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION		TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF Y	IVEN IN PART TIO  ES, WERE FIND INGS USED IFYING CAUSES OF DEATH?
ERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 HFY IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician.

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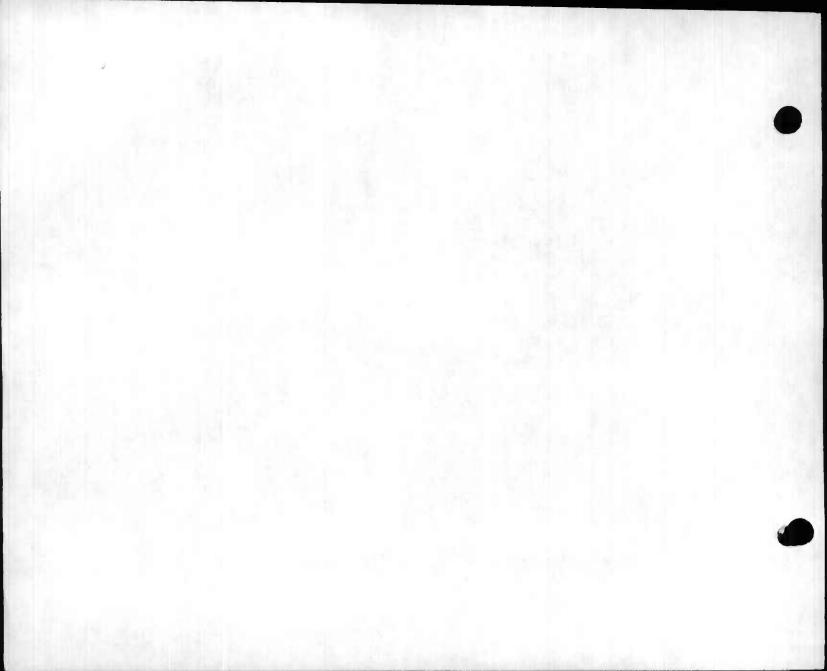
Teller - whenever are the miles

Section 12 Tea St. Tall 1

Death Certificate for James Mark Blount, date pronounced dead:

10/20/87 -- Anne Arundel County, SEE July 14, 1984 in
last book of 84 --Back of Worcester County, December, 1984

Deceased actually killed in 1984.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

EDT

3	REGISTRAR				CERTII	ICAIL OI DEATI		REG. NO.					
		FIRST		NDDLE			20 DATE OF DEATH MONTH DAY YEAR 28 38 38 39 98 78 5 , 1987 83 38 39 98 48 5 , 1987 83 38 39 99 8 8 10 99 8 8 10 99 8 1						
TYPE	FEMALE RTHPLACE (STATE OR FOREIGN COUNTRY)  FEMALE RTHPLACE (STATE OR FOREIGN COUNTRY)  FINNSYLVANIA ITY OR TOWN OF DEATH GLEN BURNIE  AL RESIDENCE (IF NURSING HOME OF STATE 135 COUNTRY)  ANNE AL RESIDENCE (IF NURSING HOME OF STATE 135 COUNTRY)  MORRIS  WAS DECEASED EVER IN U.S. AR YES, NO OR UNIKNOWN)  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (IO), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  AT WORK  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK  220. I certify the (I) (this hosp sow the country of the count	HARRIEI J				TT		OCTOBER	1987 B36 A				
SEX	(		4. RACE			OBJETT  OCTOBER  5, 1987  8 OCTOBER  78 VRS  OCTOBER  78 VR							
	FEMALE	HARRIET J BOBBITT    A DATE OF DEATH MONTH   1987   36 AM   36	30, 1909	AR	78	YRS MC	ONTHS DAY	HOURS	MIN.				
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		тн			BOBBITT    To DATE OF DEATH MONTH ON STAR   TO DATE OF DEATH MONTH ON STAR   TO MONTH JAM MAN MAN MAN MAN MAN MAN MAN MAN MAN M								
	GLEN BURNI	E	NORTH	'ARUNDI	EL HOSPI	TAL			RKING LIFE)			INC	
SUA	L RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	BEFORE ADMISSION)		1			1			
											#2112	22	
	THER'S NAME			BOBITT    BOBITT									
				BOBBITT    CATE OF DEATH   MONTHS   5   1987   83.6 OR AM   MONTHS   5   1987									
	AS DECEASED EVER		A DATE OF DEATH   SOUTH   STATE   SOUTH   SO										
DECEASED NAME FIRST (TYPE OR PRINT) HARRIET  1. SEX  FEMALE  10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  DENNISYLVANIA  10. CITY OR TOWN OF DEATH TO CITY OR TOWN OF DEATH (FIFTER TO CITY OR TOWN OF DEATH (FIFTER TO CITY OR TOWN OR PART I. DEATH WAS CAUSED BY IMMEDIATE CAIL OR TOWN OR CONTRIBUTING TO COUSE (OI), STOTING THE UNDERLYING TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE TO CONTRIBUTING TO CAUSE OF OEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  22d. I CERTIFY THOU (II) (THIS hospital) ON CONTRIBUTION OF THE CO	E WAR OR DATES)	215-00	3-09814										
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ATE	19a DATE OF OPERAT	ION	19h CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20					
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-			-		DAY YEAR	ZIC HIDW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM TS PA	RT I OR PART 2	)		
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ğ	21d. INJURY OCCURE	ED		BOBBITT    STATE OF BIRTH   APR. 30, 1909   4. AGE   INVEAS LAST BIRTHOAY)   BUNDER 1924   APR. 30, 1909   4. AGE   INVEAS LAST BIRTHOAY)   BUNDER 1924   APR. 30, 1909   4. AGE   INVEAS LAST BIRTHOAY)   BUNDER 1924   APR. 30, 1909   4. AGE   INVEAS LAST BIRTHOAY)   BUNDER 1924   ANNE ARUNDEL COUNTY OF DEATH   ANNE ARUNDEL COUNTY   126 KIND   176 KI		STATE							
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		REMOVAL						23d LOCATION			4 2 D L Z T	222	
	BURIAL		DCT.7,1	.987	HEBREW	FRIENDSH]	[P	BALTIMO	KE	COUNTY	MAKYL	AM	
24 61	INTERNAL DIRECTOR						GINATE	DECID BY DEGISTO 4 DISER	PEGISTE	AD'S SIGN	ATLIDE	_	
14 61	NAME NAME	SOL L	EVINSON	& BROS	E., INC.	1	907°	Julia	Dans	Arm. P.	dals		
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DIVISION OF VITAL BECTORNS 201 W PRESTON ST BATTIMORE MARKIAND 21201	6
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enomed by me maspinol or otherwing physician.	5
TO FUNERAL DIRECTOR. After this certificate has been signed by the otten direction and completely filled in by the funeral director, page 3	ol director, page 3
should be detached for use as the burial-transit permit. Then please remove rather patents of and 2 should be tiled within 72 hours after death	2 hours after death
with the State Dept of Health and Mental Hygiene prior to burial, cremotion or representations of Health and Mental Hygiene	C
MPORTANT: If hem 21 is marked at hem 18 showcany injury, or other traum at each and ole examiner mass be notified produce.	T
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			REGISTRAR				REG. NO		- 3 4	
05	- ACT 27		CEASED NAME FIRST	MIDDLE	LAS			MONTH DAY	YEAR	26 HOUR P
DO	17 19mg	01	Marcia	T.	Во	ice	October	20, 1987		10 <sub>M</sub>
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3	plet A		Edward	B. Townsen	d	Martha	WIDDLE		Rona 1	ld
e co	8-1-	160 \	VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS Annano	1:0	MD 21401
1	0 0	- 1		396-30-8	102	Frank B. Boi	00 124 Cm	Annapo	115,	190 21401
4	W. V		No			Frank D. Dui	ce, 124 cra			
3	MIA		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for 101, (b), and D BY:	d (c).1	dia sol	action	-	207	MATE INTERVAL
-	-		IMMEDIAT	E CAUSE (o)	jocan	and will				
9	of o			DUE TO, OR AS A CONSEQUE	NCE OF	1.1.0	time		51	10
dea	ave		Conditions, if ony, which	( (b) Yny	weard	nes mon	W TO			
÷ ÷	er tr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NOTE OF				20	years
hat	by al, cr		underlying cause lost	( aortio	Slena	Sir			20	pears
e e	ned ned		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT N	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No	
50	Ther to t	CERTIFICATION	Stroat	14 years	/	Senil Dem	entra 1	8ma		
3	Da orio	1 E	190 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	706. IF YES, WER		
0	De so	Ĕ					YES NO	IN CERTIFYING YES	CAUSES	NO [
Th	Tish ygit	E .	710. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21c HOW INJURY OCCURR			R PART 2)	
Phy	ortio ortio		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR					
SIC	vario vario hent	Š	(IF EITHER NOTIEY MEDICAL EXAMINER		19	711 LOCATION				
PHY	d or d	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE, E	ARM ETC }	STREET	CITY OR TO	WN CC	PINUC	STATE
NG to	frer os that that		AT WORK AT WORK		1	01 07	0	tang	77	
20	VSe deal			tol) of mended the deceased from	y you	ne 30, 19 8 /		20 19 0	. 11	hat (I) (we) last
TTE	2 4 5		sow the deceased olive on obove, (I) (we) (did) (did no	ti view the body ofter death.	ond, ond	that in (my) (our) opinion o	death occurred on the de	ote and have and f	from the c	ouses stated
A A	hed hed tept		77b. SIGNATURE	and and	DI	EGREE		2	20 DATE S	SIGNED
At C	AL D etoc ite D T. If		1.0	Culles MIN		ATTENDING PHYSICIAN	MEDICAL STAI		Set	21.1987
PIT	AN Sto	1	774 PHYSICIAN'S NAME LIVE O	R PRINT)		27e ADDRESS				-
O HOSPIT etoined by	should be with the S MPORTA		Thomas C	. Cullis, M.D.		7 Riggs Ave	nue Severn	a Park.	MD	21146
Teto of o	Od M	720	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	1234 LOCATION	u 1 u 1 k 5 1		
12	000	130	(SPECIEV)				Catoneria	The Pall	timo	STATE
BP_	7-7-7	24.5	Cremation	0ct.21,1987 S	ecurit	y Process In				
DHMH .	16 60M 7/84	74. F	UNERAL DIRECTOR	ADDRESS		1505031	REGID BY RUGUS RAR	- A . A . A		A PROPERTY OF THE PARTY OF THE
(VI	RA 15, 4)		James S. Ki	rkley, Glen Burn	ie, MC	J.U.	C 20 198/	Julia De	action.	· Kergers

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR INDUSTRY A A C School System

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

that (1) (we) tast

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IF UNDER 24 HRS

IF UNDER I YEAR

12-12-11000

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# STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

n	r	G.	NI	0

Sal	•								ILO. IV	J.			
1		EASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEATH	MONTH (	DAY YEAR	26 HOL	JR .
1	(TYPE	OR PRINT)	NETTIE	Т		BOWDI	ERS		10/27/8	7		103	- 0 44
1	3. SEX			I. RACE		5. DATE C			AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER	24 HRS
1		FEMALE	100	WHIT	ਾਜ਼ ਜਾ	MONTH	29	1894	93		MONTHS DATS	HOURS	MIN.
1	7a BIR	RTHPLACE ISTATE	OR FORFIGN 7		WHAT COUNTRY	V2 8	23		BALTIMORE CITY O	P COLINTY	OFDEATH		
	100	ARYLAND	JA JA			MARRIE	NEVER MAI	RRIED 🛄	Q.Ā	Co.	OI BEAIL		
4	_	ATTLAND YOK TOWN OF	DEATH 1		A.	WIDOWE	R OTHER INSTITU	RCED [	120 USUAL OCCUPATI		TISK KINID C	NE DITE INI	
7	RO	20/1/	That	NOT IN SUC	H FACILITY, GIVE STRE	ET AODRESSI	K OTTIER INSTITE		Type of work for Most of Homemaker			JE BUSIN	:33 OK
4	LIL	L RESIDENCE (#1	0104	MERI	OIAN /	-11-1mme	rids /	we	nomemaker				
1	13a S	TATE	13P CONI	TY THER INSTITUTION	134 CLY OR TO	WN	134. INSIDE CITY	LIMITS?	STREET ADDRESS	ZIP CODE			
1		ryland			Baltimo	ore				cker	Street	, 212	223
-	14 FA	THER'S NAME	M	NDOLE	LAST		15. MOTHER'S M		E MIDDLE		145	5.1	
7	)	John			Redmon	d	Far				Car	ve	
		AS DECEASED E			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRE	SS			
2	(1)	ES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	216-32	-9237	Jean Ma	agnaye	1406 Beech	nthorn	Dr.	210	84
		IL CAUSE OF DE	ATH (Enter only	one couse per	line to (ii) the	ond in a			> 0			MATE INTE	RVAI
		18 CAUSE OF DE PART 1. DE ATI			Kis	DIS.	2 torn	ta	elm-		- 2	-0	ay.
1			IMMEDIATE		0	-			1 11	0			0
		Conditions, if o	seu subials	DUE TO, 9	TAS AIGONISED	DENCE OF	esolic	Care	dio Vasco	les.	1	0 ye	MD. ESS OR 223
	-	gove rise to	immediate	(p)		An	reall				1	-0-	
		couse (o), st underlying co	oting the ouse lost.	DUE TO, O	LAS A CONSEO	UENCE OF	PONT	EUMO	ALIA		2	yes	
		PART 2 OTHER S	ICHIEIC ANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT				DITION CIV	ENI INI DART I	4	<u>n</u> .
	Z	Cesel	es V	rich T	A	-CC	e + A	n 1d	DUAN	SEDI	FGI	Å.	
	ATK	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	206. IF YES	WERE FINDI	NGS USE	D
4	CERTIFICATION			1 7 7 7 7				120	_ \	IN CERTIF	YING CAUSES	OF DEA	TH?
-	ERT	21g. ACCIDENT WAS	UNDERLYING [	216. TIME O	F IN HIRY		121/ HOW IN ILLI	RY OCCURRE	YES NO NO NATIONAL DE INVESTIGATION		Street, 21223 Cave		
,	_	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR		N. OCCOME	D TEINIER WATORE OF MAJOR	it wellem to 7.	ART TORTART 2)		
	MEDICAL	21d INJURY OCC		P.I		19	21f LOCATION						BUSINESS OR  21223  21084  ATE INJERVAL  SS USED OF DEATH? NO   51ATE  at (It (we) lost puses stoted  GNED  28/87  21225  aryland
	MEC		I WHILE		EET, FACTORY, OFFIC	E. FARM, ETC )	STREET		CITY OR TO	WN	COUNTY		
y		AT WORK LA	WORK		105/115	171	1 cf	- On	101	2771	57		
		22a I certify that		ol) ottended the			8	19 10		XII	19.0		
Н		obove, (I) (w	eosed olive on _ e) (did) (dud	view the body		- 1		ir) opinion de	ofh occurred on the do	te and hou			oted
		226. SIGNATURE	The. 0	75	0		DEGREE	INDING	MEDICAL STAT		22c DATE	SIGNED	
		3	Allry	Maling	h	M-		SICIAN V	MEDICAL STAF	IAN	10/	28/8	7
		228. PHYSICIAN'S			_		22e ADDRESS	7		144			
3		Har	cjit Sir	ngh, M.I	).		5507-E	Ritch	ne Hwy. Ba	TETMO	re, MD	2122	2
		URIAL, CREMATIC	ON, REMOVAL	236 DATE	23	NAME OF C	EMETERY OR CRE	MATORY	234. LOCATION				
	(;	Buri	al	11/2/8	37	Baltim	ore Natl	. Cem.	Baltimor	е	COUNTY	Mary	land
	24 FU	NERAL DIRECTO	2			2122		25a. D. 5	REE DISY REGISTRAS		RAR'S SIGNAT	UN A	MD.  UNDER 74 HRS.  OURS MIN.  MD.  USINESS OR  21223  21084  E INITIATE  It (II) (we) lost sees stoted GNED  8/87  1225
	Н	lubbard F	uneral	Home, I	nc. 410			00	1 20 1301	Gulia	In creamy	· Kend	
					2200	C The second of the	774						

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If He

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DHMH - 16 50M 1/B1 (VRA 15, 4)

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

27	87	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYS	REG. 1	10.		
	(TYPE	CEASED NAME FIRST	Martho	DDIE		Bradley	Det &	MONTH 21	1987	3 PM
7		RTHPLACE ISTATE OR FOREIGN COUNTRY)	Cau 76. CITIZEN OF WI	HAT COUNTRY?	MARRIE	23 1900	9. BALTIMORE CITY	YRS	MONTHS DAYS	HOURS MIN.
5	Ci	TOWNSVILLE	Fair ti	E A F	ADDRESS)	ROTHER INSTITUTION  1 Nurs: Har	120 USUAL OCCUPA (TYPE C ANALY	OF WORKING L		MD. FBUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	Riva	VN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS		e Road	21140
2		Samuel F	MIDDLE	Willia	ıms	Elizabet	h EÎea		Kend	rick
		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 1	66 SOCIAL SECT		Carol B En	nis S	ame	as #13	
	CERTIFICATION	Conditions, it ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQU	JENCE OF A	nary her pulled to the term	AINAL DISEASE OR COL	20b. IF YE	VEN IN PART 110	IGS USED
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	. MONTH D	PAY YEAR	21c. HOW INJURY OCCUR	YES NO		PARI 1 OR PART 2)	но 🗌
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O			211 LOCATION STREET	CITY OR	OWN	COUNTY	SIATE
		220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	10 -	20 10	82.01		, 10	dote and ha	our and from the	
		22b. SIGNATURE	//	Ku	cn	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	-21.87
/		PHYSICIAN'S NAME TYPE  Eren	Sacit	Ma	D	518 S. Ca	imp Mead	e Rd	Lintl	hicum
		BURIAL, CREMATION, REMOVA ISPECIBURIAL	240ct	1987 C		EMETERY OR CREMATORY Hill Cemete	Pour		PG	Md
	24 F	weral Robert E Funeral			itlan	UGI	TE REC'D BY REGISTRA	R 256. REGIS	STRAR'S SIGNAT	URE

10 8 8 8 6 7 627 27 37 STATES Marths Every Det 31 117 3 Council lo Fairfield Prodel Man He Vista Col Intellement The state of the s The first sales of the second respectively sales of the s

MPORTANT, if them 21 is marked or them 18 shows any

DHMH - 16 50M 4/83 (VRA 15, 4)

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oth. Page 4 may be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

**CERTIFICATE OF DEATH** 

	1 -	FOR STATE REGISTRAR		DEPARTA			YGTENE		0.			
ŧ	TO STATE REGISTORY REGISTO		ıī	MIDDLE			2a	DATE OF DEATH	DAY YEAR	DAY YEAR 26 HOUR		
	- (TYPE		Earby	Eliza	Elizabeth Branham			REG. NO.    To DATE OF DEATH MONTH DAY YEAR TO HOUR     Coctober 7 1987   MA     October 18   MADDIE 18     October 19   MADDI				
	3. SE		4. RACE		5. DATE C	OF BIRTH			THDAY)	IF UNDER 1 YEAR		
		Female	Whi	te				65	VOC		HOURS MIN.	
10	7a B1	RTHPLACE (STATE OR FOREIG			8		9. B					
5	(	COUNTRY)		SA				Anne	Δπι	rabr	AAF	
			11. NAME OF	HOSPITAL, NURSIN	IG HOME C			USUAL OCCUPAT	ION	126. KIND O		
			5348 P	atrick He	nry I	rive			OF WORKING		urant	
5	13. S Ma.	ryland 136 0	COUNTY A, A,	13c. CITY OR TOW	N	YES NO X		street address 5348 Patr	zip co	DE Henry Dr	21225 ive	
-	14.FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		1.A5	1	
		Schyler		Branham			ie			John	S	
	Testistar    Reg. No.   Reg. No.											
	(		ES, GIVE WAR OR DATES	220-14-	8464	Debra Brai	nham	Same	as 1	3e		
7	CATION	gove rise to immedio cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	the he he he he hold to he he hold to he he he hold to he	CARCINION AS A CONSEQUE	ENCE OF	Re Las tases	ERMINAL	DISEASE OR CON	20b. IF Y	res, were findin	IGS USED	
7	TIFIC						Y	ES NO				
1		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH DA	21c. HOW INJURY OCC	W INJURY OCCURRED (ENTER NATURE OF			8 PART I OR PART 2)	2)		
	MEDIC	214 INJURY OCCURRED	LACE OF INJURY 211 LOCATION				CITY OR TO	COUNTY	STATE			
		saw the deceased alig	10	19	22.00	nd that in (bur) opini	ion death	to occurred on the d	ate and h	1		
		276 SIGNATURE	n B	Ny			G M	EDICAL STA	FF CIAN []	10 /	SIGNED / E / E 7	
		Lew is	Ne	wherg		614 S.	Pa	tappco	Are	· Balo	6 2/2	
		BURIAL, CREMATION, REMO (SPECKY) Burial	236. DATE 10/10	1-	edar	Hill Cemete	111	CITY OR TOWN	re			
		orge J. Gonce	e 4001 Rit	chie Mawy	Balt			9 1987	25b. REGI	STRARGERGNAT	OHE GRAN	

OF DEEP STORY STREET, STANFOLD WAS STORY STANFOLD Ventricular F. bullakuri Coronary Arter Disson 7-27-57

CRUS SUBSTRUCT IN

SPITS CHATCH WORLAND 21146

70	0	lş	7	OCT	28	87	FOR STATE REGISTRAR
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Ompletely filled in by the funeral director, page 3 odd 2 should be filed within 72 hours after death

requires that the death certificate be executed within 24 hours after death. Page 4 may be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1	7	4	2
				36

U	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	0		DSI
	CEASED NAME FIRST	WIDDIE	(	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE	DORIS	CHRISTINE	BROW	N	OCTOBER	-	1987	617 RM
3 SE	Х	4 RACE	S. DATE C		& AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Caucasian	May		59	YRS	J. C.	MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
N	faryland	United States	WIDOWE		ANNE A	ARUNDEL	COUNT	Y MD.
0 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY GIVE STREET NORTH ARUNDEI			126 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMEMAKES	F WORKING LIFE)		stic
130 S Ma	aryland Anne	other institution, give residence before 131. CITY or tow Arundel Pasaden	/N	XXON 23Y	13. STREET ADDRESS 835 Swift	Rd.	21122	
14. F.A	ATHER'S NAME First Leonard	Bryan:	t	15. MOTHER'S MAIDEN NA/ Grristin	MIDDLE		Ste	einhise
	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS		
,	No	215-24-	5149	Cecil B. Bro	wn (Sa	ame as		
	PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), on DBY: E CAUSE (o)	1d (c).)	Octaden/ I	forth.		BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	ASCUO. Adal Fold		DITION GIVE	4R	5.
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT ( OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (1) (this haspi saw the deceased alive on abave (1) two) (did) (did no	tal) attended the deceosed from		, 19	to 16/2 death occurred on the d	ate and hour	ond from the	
	E D D	h			MEDICAL STA DIRECTOR PHYSIC		10/2	22/87
	226 PHYSICIAN'S NAME (1991 O				41 MOUNTAIN			
23a I	BURIAL CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	MARYLAND 2	1177		
	Burial	Oct. 24, '87 G		ven Mem. Park	Glen Burr		ne Aru	
100	UNERAL DIRECTOR	32294	4 Moun	tain Rd. 250 DAT	E REC'D. BY REGISTRAR	1 .	AR'S SIGNAT	
PIC	Cully Funeral H	Omes Pas	auena,	Maryland U	4 4 1 1901	- Janes	Property.	the management of

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and containing the second property. Pages the second containing the property Pages at the state of the second containing the second c

TO HOSFITAL OF ATTENDING PHYSICIAN: The low referred by the halpitol or attending physician.

\$1000

OCCUPANT ON ANY MARCON OF THE PARTY OF THE P

NAME AND DESCRIPTION OF THE PARTY.

MORTH AMERICA, HOSPITM.

CAPAL T HOUSTERN, M. D.

GNUS HENDARDS, LIVER

RAVEN BLVD

24 FUNERAL DIRECTO

JOHNSON8521 LOCH

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

1. C - 121 PART 6 J

HISPAINI

Jacque de com Head

HISSUE VALT

THE PERSON NO.

TO TOR

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO.

	1. DEC	CEASED NAME FIRST D	onald	MIDDLE Gregor	У	ASI Buckingham	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	LIFE	Topha C	/	-	Ruc	KINGHAM	1200	10	2.7 F7	5:25AM
	3. SE)		4 RACE	2.	S. DATE C	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	White		Jul	y 22°, 1936	51	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
1		DC	U.S.A.		WIDOWE		11-trine	ARW	Del	MD.
-	1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC		12b. KIND C	OF BUSINESS OR TINC
	U	luapons/	Anne	Arundle.	Gen.	Hosp.	Presid		Wash. Ca	nopies
2	13a. S	AL RESIDENCE (IF NURSING HOME OF	ITY	13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CO	DE De	71111
1	14 E A	THER'S NAME	Anners	Kent Is	Land	YES X NO		ping cr	eek Dr.	04666
1	) rA		MIDDLE	LAST		FIRST		DDLE	LAS	
4			eagley	Bucking		Ceceal		1000000	Buc	kley
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRESS		
2	100	NO		579-46-	2464	Rita Dunbar	Buckingh	am Same		
	80.	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE		line far (a), (b), and	d (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
				KESPIRM	DRY 1	mure				
DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (b) HEWOTTTARAX									
4		cause (a), stating the	DUE TO,Q	RAS A CONSEQUE	NCE OF					
		underlying cause last.	( lc)	T'ERICAR	DITL	1 + Phaneit	-W SIPI	RADIX	30	DRJ
	7	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	R CONDITION G	EIVEN IN PART 1	0.
	CERTIFICATION	LARBE	CELL	CARCIA			LUNC			
/	ICA	196. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	? 20b. IF Y	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
	RTIF					2	YES NO	APTEC .	YES 🖳	NO 🗌
H		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	B PART   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19					
	VEDI	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC )	21f LOCATION	CI	TY OR TOWN	COUNTY	STATE
П	~	AT WORK NOT WHILE								
		220.1 certify that (I) (this hospi			10.	- 13 19 8	7 . to 10	- 523	. 19 F7.	that (1) we) lost
	100	saw the deceased dive an abave, (1) we did did no	t) view the bad	ofter death	, ar	nd that in (my) (our) opinian	death accurred ar	the date and he	our and fram the	causes stated
		226. SIGNATURE	-/	1		DEGREE		V	22c DATE	SIGNED
1		1-16	ndo ~			ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN	10-2	3-87
		226. PHYSICIAN'S NAME TYPE O				22e ADDRESS	m1 // 1	203 4		m 27/107
		Anthony M. Car	outo, M.	D•		132 Holida	y Ct. # 4	ZOI Anna	rborrs, 1	AD STAOT
	23a B	URIAL, CREMATION, REMOVAL		/0m		EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
		SPEC Burial	10/27	· · · ·		Heaven Cem.		r Sprin		
	24 FU	NERAL DIRECTOR Joseph	Gawler	sons,	JAC 2	· 25a. 0	E REC'DXBY RETU	AR 256 REGI	STRAP'S SIGNAT	DE LOSS

DHMH - 16 60M 7/84 (VRA 15, 4)

		Yuovers	Branca.	
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President Nach. Carpica				
. S . Alpert writing in 8	×	head Inland	Jahruma erre	O(
Rio Ley			Yengley	1,200
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133 Toliday M. 4 201 bearpoins, MB 21601 احت دروان دروان BILLIAN TEATTE THINKS DE Laine You. I still sering, 100 1 001 30 BBF \_\_\_\_\_Birman or companies and a companies.

Raymond C. Fink Glen Burnie, Md 21061

Chica Davidon-17

DHMH - 16 50M 1/BI

(VRA 15, 4)

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BP.

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

- REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 31-40 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIE XXXXVEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED [ 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ARUNDEL GENERAL HOSPITAL 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS

NOF

MARY

	(IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	JAMES BYRI	1354 W. Ce		
18. CAUSE OF DEATH PART I. DEATH WA!  IA  Conditions, if any, gove rise to imme couse (a), stating underlying cause	DUE TO, O  which (b)	HERATORE  RASA CONSEQUENCE OF	1711	ILURE	APPE BETWE	OXIMATE INTERVAL EN ONSET AND DEATI
PART 2 OTHER SIGNIF		ONTRIBUTING TO DEATH BU		RMINAL DISEASE OR CO	ONDITION GIVEN IN PART	35

21f. LOCATION

and that in (my) (sur) opinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 16/6 FOREST DRIVE ANNA

NO

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

1354 W. Central

MIDDLE

FLETCHER

23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION BURTAT 11-2-1987 PINELAWN MEM 24 FUNERAL DIRECTOR Annapolis, Md. 21401

WILLIAM REESE & SONS MORTUARY. P.A.

MIDDLE

CITY OR TOWN COUNTY STATE Annapolis Maryl and 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

YES [

26 HOUR

LAST

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE 28 8 REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME KNOWN X 20. DATE (TYPE OR PRINT) OF ESTI-108 INET SARY, PLEASE INTERPRETATION FILES. WITHIN 72 HOURS PEET, PEESTON STREET, BERNARD DEATH MATED 6. AGE (IN YEARS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1981 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR JEREIGN COUNTRY) GERMANY WIDOWED DIVORCED 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY MD DRY DOCK ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CLIY OR TOWN 13d INSIDE CITY LIMITS? 21225 14 FATHER'S NAME MIDDLE LAST FIRST UNKNOWN BUSSMAN HUGUS 7. INFORMAN 8442 BussENIUS KD. 160 .WAS DECEASED EVER IN U.S. ARMED FORCES? [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) HASADENA , MD 21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) EXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN TEACH FROM THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN TEACH SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE ACCES SHOULD BE USED AS A BURIAL-TEACH THE SHOULD BE USED AS A BURIAL-THEN THE PENTIL AFTER DEATH WITH THE STATE DEPARTMEN. OF HEALTH AND MEN'ALL HOUGH BALTHWORE, MARYLAND, 21201 PRIOR TO SHRIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LUNG DISEASE Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) non 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 STATE CITY OR TOWN COUNTY Inspection X 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inquiry death resulted fram: Natural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE

**DHMH - 17** 

BP

(VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF THE PROPERTY OF TH

The man will be the the transfer to the same district

requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

06840

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	•	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10		\$
OCT 14	GIZ.	CEASED NAME	FIRST	٨	AIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	71411	Sarah		Johann	a	Calda	abaugh	October	8	1987	5:08 R
	3 SE	X .	-	4. RACE		5. DATE (	OF BIRTH J	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
		male		White		June	30 1905	82	YRS.	MONTHS DATS	MIN.
1	7a. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
0		est Virgin		U.S.		WIDOW		Anne Aru			MD.
0		rofton	ЛН		HACON HYPSTREED		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST Homemaker			Home
5	130 5		13b COUN		13c. CITY OR TOWI	V .	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 708 Cotter	/ ZIP CODE	21061	
1	14 FA	THER'S NAME Harry		MIDDLE	Malseed		IS. MOTHER'S MAIDEN NA  Carrie		19	ckmann	п
Í	160 V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI 233.03.4	RITY NO.		er-In-Law)2 Hummer F			Park
		18 CAUSE OF DEATH	(Enter on	ly one couse per			A CALLET VI	Hummer 1	rederi		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W.		D BY. E CAUSE (a)	100	2120	ton and	not a			
				DUE TO, OF	R AS A CONSEQUE	NCE OF	1 5 10	eart co		,	
		Conditions, if ony,		(b)	ne	The	AWIIC Or	ears co	ne		
		couse (o), stoting	g the	DUE TO, OF	AS A CONSEQUE	NCE OF					
				(c)							
	NO	PART 2. OTHER SIGN	DECANTO	CONDITIONS CC	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	IDITION GIV	EN IN PART 140	<b>3</b> ·
7	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	OF DEATH?
2	CER	210. ACCIDENT WAS UND	- busy	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUR		JRY IN ITEM 18 P	PART I OR PART 2)	
7	CAL	OR CONTRIBUTING C		111		19					
	MEDICAL	21d INJURY OCCURR	ILE	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
		220 I certify that (I)	d alive on.	10	10	87.	nd that in (my)-(eur) opinion	, to death occurred on the c			that (I) (we) last causes stated
		22h SIGNATURE	// no	///	offer death.	-	DEGREE			22c. DATE	SIGNED
	7	- 1	1	NOV	100	0	ATTENDING PHYSICIANX	MEDICAL STA	FF CIAN []	10/9	/87
7		22d PHYSICHAN'S NA Paul S.			UUV	1	22e ADDRESS 1667 Croftor				
Z	220 5	URIAL, CREMATION, I		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	B	specify) urial	LINOVAL				ven Memorial 1	CITY OF LOWN	nie A	COUNTY CO	Marvland
(0.4		JNERAL DIRECTOR	90	491	1.	114	250. DA			BADESSIETHAT	
7/84	Si	ngleton Fú	neral	Home.	Glen Burn	iem l	Md.21061		9		

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/B4 (VRA 15, 4)

68790 OCT 16

# STATE OF MARYLAND

1	FOR	DEPARTMENT	OF HEALTH AND MENTAL HYG	TENE		
	- STATE REGISTRAR	CER	TIFICATE OF DEATH			15
87				REG. NO		
(TYPE	CEASED NAME FIRST	a Amiddle	labrese	20. DATE OF DEATH	MONTH DAY YEAR 1:	PHOO M
3. SE	x		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDERCAPIES
F	emale,	Caucasian A	OC 8 1911	76	YRS.	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
3	EQUNTRY)	10 6.11	OWED DIVORCED	Anne Ar	undel	MD.
10. C	ITY OR TOWN OF BLATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION		BUSINESS OR
B	Mapolis	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	en. Hosp.	Hamama	FWORKING LIFE) INDUSTRY	ne
13a S	STATE D ANNI			130.STREET ADDRESS /	. 70	21401
14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST	
	Angelo	Liberto	Catherin	ne	Margarta	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRE	Mb Log Cano	e Court
	No.	- 216-32772	Il Kosaria (	Sears-F	angools mo.	21403
	18 CAUSE OF DEATH (Enter or	lly one couse per line for (a), (b), and (c).)			APPROXIMA BETWEEN ON	ATE INTERVAL
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) ACUTE CO	INI FANNON	sufficion C	7	
	HISTORY MEDICAL	DUE TO, OR AS A CONSEQUENCE O	OF			
	Conditions, if ony, which	( 16) A-EHGNO SC	LGNOTIC CAN	DIU NASCUL	m nistrist	
	gave rise to immediate cause (o), stoting the	DUE TO, OR AS A CONSEQUENCE C	OF .			
	underlying cause last	(c)				
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART I (a)	
ō						
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	
E				YES NO	YES [	NO 🗆
Ü	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y (N ITEM 18 PART   OR PART 2)	
Y Y	OR CONTRIBUTING CAUSE OF DE	(In	19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION			
						STATE
Σ	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC		CITY OR TOY	NN COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	tal) attenuted the deceased from	10/7 19 87		2	STATE  a(1) we) fast
2	WHILE NOT WHILE 22a.l certify that (1) (this hasping saw the deceased alive an	tal) attended the deceased from			7, 19_ <b>87</b> , th	a we) fast
×	WHILE NOT WHILE 22a.l certify that (1) (this hasping saw the deceased alive an	tal) attended the deceased from	10/7 19 50		7, 19_ <b>87</b> , th	a we) fast
×	WHILE NOT WHILE AT WORK  22a.   certify that (1) (this hosping saw the deceased alive an abave, (1) (we) (did.) (did.)	tal) attended the deceased from	and that in (my) (aur) apinion of DEGREE	, to	19 87, the stand hour and from the co	a we) fast
2	WHILE AT WORK  22a. I certify that (I) (this hosping saw the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE	tal) attended the deceased from	and that in (my) (aur) apinion of DEGREE	, to	19 87, the stand hour and from the co	a we) fast
	WHILE AT WORK  220. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE CO.)	tal) attended the deceased from 1) O7 18 19 1) view the body after death.  R PRINT)  SCAGCA	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 780 PLTC	death occurred on the do	19 87, the stand hour and from the co	a (1) we) fast juses stoted
	WHILE AT WORK  22e. I certify that (I) (this hosping saw the deceased alive an abave, (I) (we) (did) (did not say that the say that the say the say that the say the say that the say the say that the say that the say that the say that the say the	tal) attended the deceased from 1) O7 18 19 1) view the body after death.  R PRINT)  SCAGCA	and that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN 222e ADDRESS	death occurred on the da	19.87, the stee and have and from the co	a (1) we) fast juses stoted
23a E	WHILE AT WORK  220. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE CO.)	tal) attended the deceased from 1) O7 18 19 1) view the body after death.  R PRINT)  SCAGCA	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 780 PLTC	death occurred on the do	19.87, the stee and have and from the co	we) last puses stoted

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

2

		FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH		6. NO.	•		EST
	1. DEC	CEASED NAME FIRST OR PRINT) ELIZA	ABETH Ag	nes A		RICK	October		2	YEAR 87	26 HOUR 2:45PM
	3 SE)	Χ .	4 RACE		S. DATE		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	R I YEAR	HOURS MIN.
		female	white		Oct.	2, 1895 YEAR	92	YRS		DATS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		CITY OR COUNTY OF DEATH			MD.
	GI	TY OR TOWN OF DEATH LEN BURNIE	NORTH	ARUNDEL	HOSPI	TAL	120 USUALOCCU (TYPE OF WORK FOR M operat	OST OF WORKING	GLIFE) IND	WIND OF	BUSINESS OR
	130 S			13c. CITY OR TOW Glen Bur	N	134 INSIDE CITY LIMITS?	13e STREET ADDRE	ss/zipco gley R	ode		21061
)	14. FA	William	T. B	allantine		Agnes	ME	£8	Kut	che	
1	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Al	DDRESS			
	( )		XXXXX	216/22/4	380	Howard Carri	ck (son)	same a	s 13		
10	Z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, C  (b)  DUE TO, C  (c)  (c)	OR AS A CONSEQUE OR AS A CONSEQUE ON TRIBUTING TO E	NCE OF	heart failu		CONDITION	GIVEN IN F	PART 1(o	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE	FINDIN	GS USED OF DEATH?
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCUR				PART 21	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	СПУ	OR TOWN	COL	YTML	STATE
		220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n	19/	2 19	87.	nd that in (my) (our) opinion	deoth occurred on t	he date and			that (It (we) lost couses stated
		276. SIGNATURE KULLIN	1.1.	Toyle		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF IYSICIAN 🙀	22	DATE:	/2/87
		DR. KEVIN J.		M.D.		22e ADDRESS 615 Hammonds	Lane Bal	timore	, Mar	ylan	nd 21225
		BURIAL, CREMATION, REMOVA	L 23h DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial	Oct 5	, 1987 H	olv C	ross Cemetery	6111 011101		AA	T	MD
	_	INERAL DIRECTOR	May 1	ADDRESS				RAR Db REG	ISPRAR'S S	IGI D	UBLAR:
	S:	ingleton Funera	al Home.		nie,	MD QC	1 00 1987	Julia	Davido		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or

CC1 OF 1885 (T. 1019-19)

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND

7		FOR - STATE REGISTRAR		TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		7 5	i de la companya de l
0	I. DEC	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH		YEAR	26. HOLDE
4	0.001	VERNA	LEE	CHES		OCTOBER	,	NDER 1 YEAR	1010 AM
	3. SEX	Female	4. RACE White	Janu		6. AGE (IN YEARS LAST BIRTI	YRS.	THS DAYS	HOURS MIN.
3	7a BII	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED DONORCED XX	9. BALTIMORE CITY OF		DEATH	MD.
L	10 CI	GLEN BURNIE	LIF NOT IN SUCH FACILITY, GIVE STRE				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk Sears Roebuc		
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME C	PROTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 13c, CITY OR TO Glen BI	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1049 Genir			21061
)	14. FA	ATHER'S NAME Byrd	MIDOLE Fult	on	15. MOTHER'S MAIDEN NAME OF THE STREET	WIDOLE		LAS Adi	naton
		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		17. INFORMANT	ADDRE	Gren	Burn	ie, MD
П		YES NO OR UNKNOWN) (IF YES, G	227-28-	4125	Timothy L. (	Chester, 184	1 Plymo	uth L	ane,
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause perme for (a), (b), o	c ar	rest			BETWIEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which	DUE TO, ORAS A CONSEQ	WENCE OF	orticostero	ed Comple	catino	20	4rs,
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AR GONSEO	UENCE OF		itis, Sev		20	415.
	NOI	Dehydrati	conditions CONTRIBUTING TO	LE O	/ /	WAL DISEASE OR COND	ITION GIVEN	IN PART 110	,
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH?
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CAIN	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	216 INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOW	W	COUNTY	STATE
		22a.1 certify that (I) (this hosp	pitol) attended the deceased from		nd that in (my) (aur) apinion	3, to fine of	of dea	th	that (I) (we) lost
		obove, (I) (we) (did) (did n	nn OCHOBER 13,19		DEGREE ATTENDING	MEDICAL STAF	F	224. DAJE	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE	OPPRINT)		22e ADDRESS 22	SOUTH GREEN	N STREE	T	/
	23a B	BURIAL, EREMATION, REMOVA (SPECIFY) Burial		NAME OF C	emetery of crematory even Mem. Park	Glen Burn	ie	AA AA	MD
	24 FU	UNERAL DIRECTOR			250 DAT	E REC'D, BY REGISTRAR		SSIGNAL	MESCALLO
		James S. Ki	rkley, Glen Burr	ie, ML	OCT	26 198/	Junes gra		

MORTH AKKNOWEL HOSPYTAL

SIMBLE MILLS

LARSHY SCHOOL F. D.

22 SOUTH GROWN STREET

BALTHERE, SANYLAND 21201

OCTOBER 22, 1987 1010 AM

ANDE ARTHURET COUNTY

069044

OCT

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

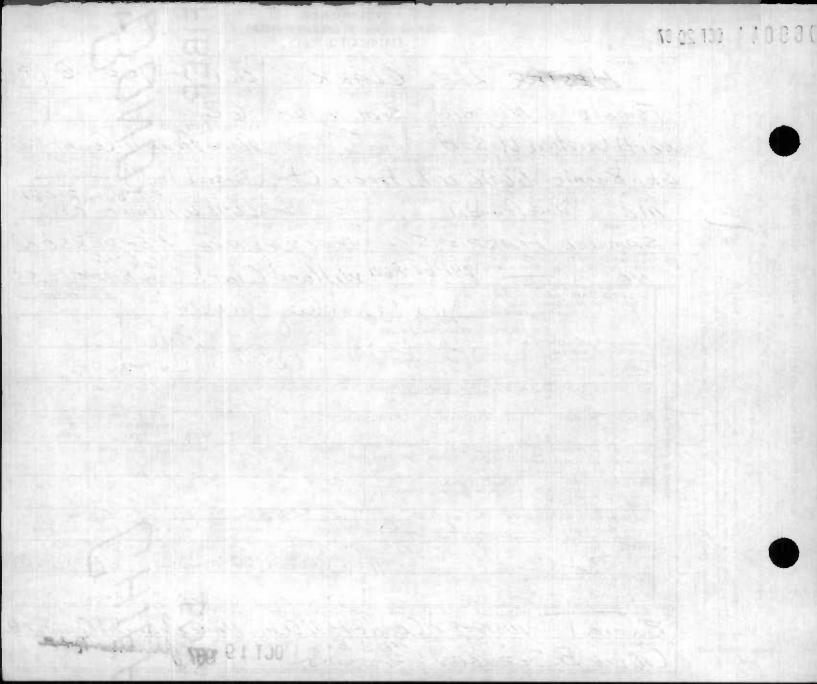
21755

	REGISTRAR	CEKIIFI	ICATE OF DEATH	REG. NO	D.
	ECEASED NAME FIRST	MIDDLE	AST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(TYP	PEORPRINT) HESTER	? LEE CL.	ARK	Oct. 1.	4, 1987 61 7
3. SE	EX / 4 R	ACE S. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female 1	Vegroid Sep	1 . 12001	62	YRS.
7 7a B	SIRTHPLACE (STATE OF FOREIGN 76. C	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
UN	orth Carolina	U.S. 17. WIDOWE	D DIVORCED .	Hone Hr	rundellounty MD.
10.0	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATH	
5	len Burnie	0 10 00 11	pore Ct.	Disab.	led -
	STATE / 136 COUNTY	R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE BURNIE 1061
1		trunde)	YES NO NO		hitmore Cti
6	ATHER'S NAME FIRST MIDD	IE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	W-15 - 3
	SAMUEL H	ARRIS ST.	UEOR.6-1	ADDRE	HENDERSON
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA		17 INFORMANT	1 1-	68,49
	NO -		Willard (	lark	Whitmore CT
	18 CAUSE OF DEATH (Enter only of PART I. DE ATH WAS CAUSED BY	ne couse per line for Ia), (b), and Ic)		0.1.13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CA		rolling	UNICE	1
		DUE TO, OR AS A CONSEQUENCE OF	- 0	a In t	A.
	Conditions, if any, which gove rise to immediate	(6)	sine /	mercies	
	couse (a), stating the underlying couse lost.	DUE TO, OR'AS A CONSEQUENCE OF	Cer	nece (	encir
	PART 2 OTHER SIGNIFICANT CON	(c)	NOT RELATED TO THE TERMIN	VALDISEASE OR CON	DITION GIVEN IN PART Ita
Z					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A E				YES NO	YES NO
7 8	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN (TEM 18 PART T OR PART 2)
1 3	OR CONTRIBUTING CAUSE OF DEATH I	P.M. 19			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM ETC.]	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
>	AT WORK AT WORK	The state of the s			
	22a 1 certify that (1) (this hospital)	4 (	7- 1986		19 that (I) (we) lost
100	sow the deceosed alive on obove, (I) (we) (did) (did not) via	ew the body ofter death.	nd that in (my) (our) opinion di	eath accurred on the de	ate and hour and from the couses stated
	37E SIGNATURE		DEGREE	a MEDICAL STAI	22c. DATE SIGNED
	Locce		PHYSICIAN Q	MEDICAL STAI	
	22d. PHYSICIAN'S NAME (TYPE OF PRI	чт)	22e ADDRESS		
	Charles Boic	e, M.D.	419Wh. Redw		t 21201
23a.	BURIAL, GREMATION, REMOVAL 2	1	EMETERY OR CREMATORY	234 LOCATION	1 copies of speed
	ourial V	10-19-87 Ceda	THIII Cem	· Hnaek	frundel (ounty, Md
24 F	FUNERAL DIRECTOR	ADDRESS 1413	2 E 250 DATE	REC'D BY REGISTRAR	PEGISTRAR
	CATURE S. S.	· PURCE Due	coton of the	- HO	7

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

retained by the hospital or attending physician



17	09	+ 2	9 N	OV -5	1 87	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. N	
	2	y be	page 3			CEASED NAME FIRST RUT	H Sarah	CLARK	20. DATE OF DEATH	24,987 BPM
		ge 4 ma	rector, poursofter of		3. SE	Female	Caucasion	5. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
		deoth. Page	uneral di	35	3	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE	E Arundel MD.
102		rs after	by the filled with	3		M NOOO 15	IN NO IN SUCH FACILITY, OTHE STREET	indel Gen.	120 USUAL OCCUPATION OF CONTRACTOR MOST OF	DE WORKING LIGE) INDUSTRY
AND 21		n 24 hau	fuled in	355	M	LATYLAND H.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  CITY OR TOW  BEVERNA	L YES NOW	le Su	Ilivan Dr.
MARYL		ted with	ompletely order 2's	20		Willem Willam	MIDDLE NOTHAM!	ARX 15. MOTHER'S MAIDEN	Ilian MIDDLE	Clark.
TIMORE		pe execu	S. Pages	medical		WAS DECEASED EVER IN U.S. AL YES, NOORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215 013		s Clark	above # 13e
S. 201 W. PRESTON ST., BAL		uir what he heath certificate	signer by a corbon paysic; then the corbon paper is a corporation of removal.	ury, ar other traumotic event, th	z	PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	us carcinoma ENCE OF wiff o	of lung metas tases eminal disease or con	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 MUS
L RECORDS.		ne law red	permit T	2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITA		PHYSICIAN: Thending physicic	this certificate he burial-transit	or Hem	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 214 N JURY OCCURRED	ATH HOUR A.M. MONTH D.	19 211. LOCATION	URRED (ENTER NATURE OF INJU	JRY IN ITEM (B. PART ) OR PART 2)
Aid		O HOSPITAL OR ATTENDING etained by the haspital or att	Should be detached for use as the should be detached for use as the state Deat of Health at	NT: If Item 21 is mark		22a.l certify that (I) (this hasp	oritor) oftended the deceased from 19 oritor wiew the body offer death.	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	S MEDICAL STA	
		BP.	O of	£/	230	BURIAL, CREMATION, REMOVA	10/28/87 3	NAME OF CEMETERY OR CREMATOR	23d LOCATION TO THE PART OF TH	molecounty Rolliage
	DH	-HMH	16 50M RA 15, 4)		24 F	SEVERNA I	S./BARRANCO PARK, MD. 2114	1111.	DATE REC'D. BY REGISTRAR 1 3 0 1987	256 REGISTRAR'S SIGNATURE

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CERTIFICATION

MEDICAL

FOR

STATE STATE

DECEASED NAME

FIRST

## STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

	REG. NO.				E				
	26. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R				
	OCTOBER :	23,	1987	60	O AN				
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	DERTYEAR	IF UNDER 24 HRS					
	76 YRS.	MONTH	S DAYS	HOUR5	MIN.				
	9. BALTIMORE CITY OR COUNTY OF DEATH								
	ANNE ARUNDEL COUNTY								

126 KIND OF BUSINESS OR

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

LAST

Hornaday

House Painting

INDUSTRY

(TYPE OR PRINT) ROBY CLODFELTER SR Burris 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY Male White June 1911 Ta. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY North Carolina U.S.A. WIDOWED ID CITY OF TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Painter GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Anne Arunde 7752 West Drive Maryland Glen Burnie NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Clodfelter Jesse Lee Lena ADDRESS I for WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214.24.6296 No None Linda Emory Same as 13 Daughter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D. A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES [ NON 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 AT WORK NOT WHILE 22a. I certify that (I) (this haspital) and ended the deceased from

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 77% AGNATURE DEGREE ATTENDING MEDICAL STAFF

RHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS

HOSPITAL DRIVE, SUITE 108 BURNIE MARYLAND

230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN (SPECIFY Oct 24,1987 Security Process Inc. Balto Burial Catonsville Md. REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Security Process Inc., Catonsville, Md.

PHYSICIAN NAME ITYPE OF PRINT

REN TAMEN

bandson Kan

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

NAME OF THE PARTY OF THE PARTY

THROUGH ABOUT STORY

JATTYOU JEGNUM HIRKIN JAHONG HOSPITAL

LOS ANTON ANTINO SERVICE PARTIES HOSPITAL ORIVE, SOLIE 108 TOULS CHAINSAL STREETS ST. . G. A. ARCHO SC. A. MIRKLESS.

The source of the state of the

10				1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND  EALTH AND MENTAL HYD  ICATE OF DEATH	TENE REG. N	. /	1 3	4
1	19	I NO	V -9		CEASED NAME	FIRST		MIDDLE		AST			DAY YEAR	EST
	y be	page 3		TITPE	OR PRINT)  VERNON	J	Linw	ood	CONKI		OCTOPED	70	1007	47 ALM
	Ê	. po		3. SE			4. RACE		S. DATE		6 AGE YINVEARSTASTOR	THOAY)		HOURS MIN.
	oge 4	ors of		-	Male			ite		bril°24 1915	72	YRS.		, mar.
	eoth. Po	nerol di n 72 ho	26	7a. BI	RTHPLACE (STATE ORFI COUNTRY) Marylan	oreign id	76. CITIZEN OF	F WHAT COUNTRY? A	8. MARRIE WIDOWI	DA NEVER MARRIED DIONORCED	9 BALTIMORE CITY O	100		MD
offer de		the fu	9-1	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTITUTION	120 USUAL OCCUPANION DEL			BUSINESS OR	
ON ST., BALTIMORE, MARYLAND 21201	520	the fee	O J	-(	GLEN BURNIE		NORTH ARINDET LICEDITAL		TAL			Storag		
IND 21	24 hou	filled in		13a. S	AL RESIDENCE (# NURS)	NG HOME OF	ROTHER INSTITUTION	13c. CITY OR TOW	'N	134. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 962 Rivers	ide D	0 . 3	22
3.5	Ť.	2 sh	au line	14. FA	THER'S NAME		MIDDLE	LAST.		15. MOTHER'S MAIDEN NA	ME		LAST	
WA	70	Id B	ехои		George			Conklin		Bertha	C.	1	Wright	
m,	ecut	d co	ical		VAS DECEASED EVER		RMED FORCES?		RITY NO.	17. INFORMANT	ADDRI			
N O	0 0	00	medi	(1	res, no or unknown) No	[IF YES, GI	VE WAR OR DATES)	217-03-9	569	Thelma H.	Conklin	Same	as #120	ıı 13
, 201 W. PRESTON ST., E	res that the death certific	gned by the attending phy in please remove corbon po burial, cremation, or remo-	ry, or other troumatic even		Conditions, if ony, gove rise to imm couse (o), statinunderlying couse	which sediate g the lost.	TE CAUSE (o)	OR AS A CONSEQUI	ENCE OF	YOPATHY  NOT RELATED TO THE TERM			YEAS	es
RDS	900	200	2 0	0 N	CHRON	pc	OBS'	TRUCTE	v8. 1	PULLOWARY	1 11554	32		
I RECO	e low	has ber permit ene prio	2	CERTIFICATION	19e. DATE OF OPERAT	ЮИ	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES C ES []	
OF VITA	CIAN: The physicion	ertification in to I Hyp	em 18		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	716 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART I OR PART ?)	£ 1,0
DIVISION OF	ING PHYS	ter this o	rked ar h	MEDICAL	21d INJURY OCCURR	ILE 🗍		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CHYORTO	IWN	COUNTY	STATE
-	TTENDIP	CTOR: A	21 is mo		220.1 certify that (1) saw the decease above, (1) (we) (d					no that in (my) (aux) opinion	, 10	ore and hou		
	TAL OR	RAL DIRE detocher tota Dept	10 m		226 SIGNATURE	>_	9	Fere	14.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	22¢ DATES	30/8/
	HOSP!	FUNE build be	PORTA		DAUTE DO					27e ADDRESS 200	HOSPITAL D	RIVE,	#500	1

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME Hardesty Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

736. DATE 11-2-87

Annapolis Md

136 NAME OF CEMETER POR CHEMATOR VIII 334 MANY PAND
Moadowridge Cem.
Dorsey

250 DATE REC'D BY REGISTRAR'256 REGISTRAR'S SIGNATURE
NOV 6 1987

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MEN B MAN THE THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CENE 068302 OCT 13187 TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-WAYNE DEATH MATED CRANDELL, JR. L. 10 19 87 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE YEAR LAST BIRTHDAY 1987 16 64 23 DEAD White Male BIRTHPLACE (STATE OF TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Maryland Anne Arundel County USA DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Annapolis Anne Arundel General Hospital Marine Construction 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Lothian Md. Anne Arundel No K 289 W. Bay Front Road 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE - Lane Marie Crandell Jamie L. Wayne 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Wayne L. Crandell, Sr. same as#13 217786853 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Exclusion of oxygen gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. TO MEDICAL EX. MINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE SHOULD BE EXECUTE PAGE 4 SHOULD BE FO WARDED TO THE CHIEF MEDICAL EXPENDENT UPING THE CHIEF MEDICAL EXTERPLEAR UPING THE DEPARTMENT OF HEALTH AN BARTHMORE, MAN HARRE 21 THE DEPARTMENT OF HEALTH AN BARTHMORE, MAN HARRE 21 THE DEPARTMENT OF HEALTH AN BARTHMORE, MAN HARRE 21 THE DEPARTMENT OF HEALTH AND BARTHMORE. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOOR 2:30 M. 10-6- 19 87 Subject entered oxygen-depleted atmosphere. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED WHILE AT WORK hold of ship Galesville, Anne Arundel, West River 22a I certify that I taak charge of the remains described above, held on Inspection and in my apinion deoth resulted from: 1 Hamicide \_\_\_ Undetermined monner Notural couses TITLE (SPECIFY) Deputy Chief ACTUAL 10 - 7 - 87SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Galesville A. Arundel Md. Woodfield Cemetery 10/10/87 Burial 07/84 24 FUNERAL DIRECTOR 256 REGISTRARS SIGNATURE

**DHMH** - 17

(VR A15 ME (5))

Hardesty Funeral Home, Annapolis, Md.

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

### STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

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к	El o	. 174	U.

		REGISTRAR		CERTIFICATE OF		REG. NO.			
		EASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR 26 HOUR	670	
	(IIIFC)	EDNA	Frace	Cummi	NG-S.	10	0 107 100	D W	
1	3 SEX		RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDERA YEAR IF UNDER 24	HRS	
1		temale	Come	MONTH DAY	- 07	80 YR		MIN.	
SÌ	70 BIR		CITIZEN OF WHAT COUNTRY?	8	- 9 B	BALTIMORE CITY OR COUN			
	N	OUNTRY)	ns n		R MARRIED DIVORCED	0	1 .		
+	10 CII	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN			USUAL OCCUPATION	176 KIND OF BUSINESS	MD.	
	0	- and lie 6	(IF NOT IN SUCH FACILITY, GIVE STREET	9 () 11		PE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY		
4	BISLIA	L RESIDENCE (IF NURSING HOME OR OT		reveral H	ospital	some maker	Home		
1	130 S	TATE 136 COUNTY		N 134 INSIDE		STREET ADDRESS / ZIP CO	DDE 21403		
У		1117 4. 4	Hongpel			od Krimrose	- Koad-Hal 90	2	
4	14 FA	THER'S NAME	DDLE LAST	15. MOTHE	FIRST	WIDDLE	t AST		
1	E	rnest	Knapsman		-				
		(AS DECEASED EVER IN U.S. ARME ES, NO OF UNKNOWN) (IF YES GIVE V	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFOR	MANT	ADDRESS	Same as		
ı		NO -	079-48.	6280 Ma	ody W. C	ummings	- #13		
ľ		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and		10/	9	APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH	
1		PART I. DEATH WAS CAUSED		senie Si	hock		2 HRS		
1		MANTEDIALE	DUE TO, OR AS A CONSEQUE	NCE OF A		- 1			
1		Conditions, if ony, which	( Mas a conseque	of acute	myscand	lial Intar	1 2-3 HR	25	
1		gave rise to immediate							
1		couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF							
1		PARL2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/OR CONDITION GIVEN IN PART 110							
1	Z	2 22 A D LO A CONTRIBUTION OF THE PRINCIPLE OF THE TERMINAL DISEASE/OR CONDITION GIVEN IN PART TIO							
	A E	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED 12	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED		
4	CERTIFICATION	THE DATE OF OTENATION	The Conding of the Willer	OF ERATION WAS FER		IN CER	RTIFYING CAUSES OF DEATH?	?	
7	E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121- 11014		YES NO	YES NO		
2		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
	Z	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCA	TION	MY OR TOWN	COUNTY STAT	TE	
1		AT WORK NOT WHILE AT WORK		411		7	f		
1		22a.1 certify that (1) (the hospital	orugnded the deceased from_	1900	. 19,	to Moseul	, 19, that (It (we	Tlost	
1		saw the deceased olive an above, (1) (we) (did) (did not)	view the body after/death.	and that in (m	ny) (👓) opinian deat!	h occurred an the date and l	haur and from the causes state	d	
1		226 SIGNATURE	1	DEGREE			22c DATE SIGNED		
1		Iller n/o	1 h Dini	mo	PHYSICIAN DI	NEDICAL STAFF	10-8-8	7	
٦		224 PHYSICIAN'S NAME (TYPE OR P	RINT	22e ADDR		Λ			
		PETER F. VERKOUW 1833 Forest Dr. Annapolis hid 21401							
1	23a BI	URIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY O	R CREMATORY 2	23d LOCATION	1 1 1		
		Burral	Oct 12:1987	Hilliam	est	AND COLLS	AA mo	TE.	
	24 FU	NERAL DIRECTOR			OCT 1	C'D. BY PEGIS RAR 36 REG	ISTRATES SIGNATURE		
1	10	War Funence	O Chapel Any	montes m	0 001 1	D 1901 Hulia	Dendern-Kandasa		
F	17,	d.o. I conclude	- Chayer Dill	14401.21.11	34			===	

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68300 OCT 13

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

ما	07	REGISTRAR			CEKTIFICA	IE OF DEAT	n-	REG. N	0.			4.00
3	DUE	CEASED NAME FIRST		MIDDLE	LAST				HTMOM	DAY	YEAR	26 HOUR
	TAME	OR PRINT) ALE	Tr Δ	M	DAHI				10	3	87	,
1	3. SEX		4. RACE	***	5. DATE OF BI	RTH		6 AGE (IN YEARS LAST BIE	THDAY)	_	DER I YEAR	IF UNDER 24 HRS
		FEMALE	Whit	- 0	MONTH 6		AR 06	81	YRS	MONTH	DAYS	HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R			BALTIMORE CITY			EATH	
	C	Iowa	US	SA.	WIDOWED 3	NEVER MARRIE		7 7		207		M
3	10. CT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION			Anne I	ION	121		F BUSINESS OF
)	7.	nnanalia		HEACILITY, GIVE STREET A		rt, Apt	. 13	Housewi		LIFE) IN	DUSTRY	
5	USUA	nnapolis AL RESIDENCE (IF NURSING HOMI	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					-		
	13a S	Maryland	A.A.	Annapol		INSIDE CITY LIA		13e.STREET ADDRESS			201110	+ 21/0
	14 FA	THER'S NAME	A.A.	Amapoi		MOTHER'S MAIL			ST WOO	oa (	Jour	t 2140
1		FIRST	MIDDLE	LAST		FIRST		MIDDLE		1	1AS	
-4	160 10	Benjamin vas deceased ever in u.s.	T.	Smith 166 SOCIAL SECU	DITY NO. 17	Mary		E .	F 5 5	(U)	nkno	wn)
			GIVE WAR OR DATEST					15 Si		rwo	od C	ourt
		No		4825849	982 Ma	ary Ver	cmil	yea <sub>Annar</sub>				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		line for (a), (b), and	d (c).)	,	,			-	BETWEEN	MATE INTERVAL DISET AND DEATH
-			IATE CAUSE (a)	Cerchin	X. V.	milih	h	caillent'		_		
П			DUE TO, O	R AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	(b)_	HLL	1)							
- 1		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying cause last.	(c)_									
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT NO	RELATED TO TH	HE TERMI	NAL DISEASE OR CON	DITION	IVEN IN	PART 1	
	CERTIFICATION		(hm	, Ulis	in the	of dr	Leon	2700 A	Som			
Ž	CAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED	,	200 AUTOPSY?				IGS USED OF DEATH?
	TE							YES NO		YES [	CAUSES	NO [
2	CER	21a. ACCIDENT WAS UNDERLYING	LIOUR A	FINJURY M. MONTH DA		HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 1	PART 1 O	(R PART 2)	9-89
		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	19							
П	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		LOCATION		CITY OR TO	2201		OUNTY	STATE
	*	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	PIMEEL		CITY ON TO	7 W N		OUNT	STATE
-		220.1 certify that (I) (this ha	ospital) attended th	e deceosed from_		. 19.		10/0-3		. 19	87	that (I) (we) las
8		saw the deceased alive	on	19	, and th	at in (my) (aur)	apınian d	eath occurred on the d	ate and h	aur and	from the	couses stated
		abave, (1) (we) (did) (did 22b. SIGNATURE	nat) view the body	after death.	DEG	REE		7		1	22c DATE	SIGNED
		11 13	12			ATTEN		MEDICAL STA				
Н		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)		220	ADDRESS	CIAIN	J DIRECTOR FITTS	CIAIN			
-	23a B	BURIAL, CREMATION, REMOV	AL 23b. DATE	1 22, N	NAME OF CEAS	TERY OR CREMA	ATORY	1234 LOCATION	-			
	- (	SPECHY)					111-11	CITY OR TOWN	116	RT	NIY	Hawk
		Burial JNERAL DIRECTOR	10/7	/8/ F8	arrvie	w Cemet		Cedar Fa				
	TT-	rdesty Fune	mal II.	ADDRESS	20116	Ма	n	CT OO	72	STRAK S	NOTAGE.	mva.
	на	raesty rune	Tat LOW	e, Annal	DOTTS!	PIU .	0	AL 62 1991	Sept.		ASSES.	Madage

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

KARIPINENT, M.I

23a BURIAL CREMATION REMOVAL

Burial

DHMH - 16 50M 1/81

(VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

STATE OF MARYLAND

Constance T. Werner Same as #13 APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED 200 HOSPITAL DRIVE CLEN RUDNIE MARYLAND 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Brooklyn A.A. Co. Maryland Singleton Funera Home, Glen Burnie, Maryland

ED'

2h HOUR

17b. KIND OF BUSINESS OR

F UNDER 24 HRS

1987

IF UNDER I YEAR

INDUSTRY

Bakery

Werner

CLEY BUIGHTE NORTH ARJBORE, HOSEL FAL.

AND STREET, ST

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

CERTIFICATE OF DEATH

EDT

26 HOUR

7:37

126. KIND OF BUSINESS OR

Railroad

Kesmode 1

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

COUNTY

DATE REC'D BY REGISTRAR 256 RIGISTRAR'S SIGNATURE

220 DATE SIGNED

REG. NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LYGIENE

S.		FOR			EPART	MENT OF	HEALTH	AND M	ENTAL	HYGIEN	IE '					
-		STATE EGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE	OF DE	ATH	REG. NO.				
	1. DEC	CEASED NAM	E FIRST		MIDDLE			LAST				NOWN M	MONTH	DAY	YEAR	76 HOUR
	[1466	E OK PRINT]	Edgar	W	heele	er	De	enson, Jr. OF DEATH			AATED	10/	3/19	, 87	,	
	3 SEX	(	4 RACE	5. DATE OF BIRTH	W5.40	6. AGE (IN YE	ARS IF UN			R 24 HRS.	2c. DATE		MÓNTH	DAY	YEAR	24 HQU
	ma	ale	white	Jan 6,	1935	52 YE	MONTH	S DAYS	HOURS	MIN	PRONOUNC DEAD	ED	10/	3/,	。87	a
-		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	IAT COUN			ED NE	VED AA A DE	DIED [7]	9 BALTIMO	RE CITY OR				
1	FOR	MD REIGH COUNTRY		USA			WIDOW			CED XX	Anne	Arund	lel C	ount	Ey,	AAT .
1	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE			OROTH	ER INSTITU	TION	12a US	UAL OCCUPA	TION (TYPE O	F WORK	2b. KIND	OF BUS	
1	Gl	len Bur	nie	North Ar			ital			pi	host of worki	ering	(	Cons	truc	tion
, set		L RESIDENCE	(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSIO	INC	has were	74 - 14-17-0	-					1401	
1	130. 31	MD	13b. COUNT	AA		polis		YES T	NO 🛣	X L	t #43	Colon	ial N	Mano	r Tr	. Pk
6	14. FA	ATHER'S NAME	E					15 MOTHE								
1	) 1	Edgar		W.		on, Sr		Mi	ldre	d	F.		Ge	erbr	ick	
	16a. W	VAS DECEASE	DEVER IN U.S. ARM			IAL SECURIT		17. INFORA	THAN			ADDRESS				
		es, no, or unkno ${ m NO}$	(IF YES, GIVE V	XXXXXXXXX	213/	32/316	9	Kim E	ord	(daug	ghter)	Pasad	ena,	MD	2112	22
/		II CAUSE C	OF DEATH (Enter only	y ane cause per line	far (o), (b)	), and (c),)				•	-			APPR	OXIMATE	INTERVAL
	-	PARTIDE	EATH WAS CAUSED	BY: E CAUSE (a)	(- ), (-)	,, = (= , . ,	Mult	iple	Iniur	cies				BETWEE	NONSET	AND DEATH
		0/	1 IMMEDIATI	( DUE TO, OR	AS A CON	ISEQUENCE (							11 65			
2			ns, if any, which													
-	8 3	couse (a	ise to immediate ) stating the under-	DUE TO, OR	AS A CON	ISEOUENCE (	OF									
		lying cou	use last.	(6)										1		
		PART 2 OTNER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	INAL OISEASI	OR CONDITIO	N GIVEN IN PA	ARI 1 (g)						
	No	E 1 3														
	MEDICAL CERTIFICATION	190 DATE OF	POPERATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?		16.00			20 AU	TOPSY?	
	TIFIC	100												YE	s 🗀 🛣	NO [
2	CER		AL CAUSE WAS	216. TIME OF		DAY YEAR	21c. HC	Y INJURY	OCCURR	ED (ENTER	NATURE OF INJUI	RY IN ITEM 18 PAR	ET I OR PART	2)		
5	CAL	UNDERLYING CONTRIBUTI	ING CAUSE OF D					edestr	ian s	struc	k by t	ruck				
-	EDI	21d. INJURY C		21e PLACE C				CATION			CITY OR TOWN	1	COUR	UTV		STATE
5	2	AT WORK	AT WORK		padwa		Rt.	Smal	lwood	d Rd.	, Anne		del C	0.,	Md.	SIAIL
4		220   certi	ify that I took	the remains day	ribed obe	he held on	Autop	y X	Inspectio	on $\square$ .	Inquiry [	and	in my opir	nion		
	1	death result	/1/	South DI	Acholos	F03	icide				termined man					
			///	111	Mich				PECIFY)							
	70.	ACTUAL SIGNATURE	1 M	K . 1	W		M			nt MED	ICAL EXAMI	NER	DATE	1	0/3/	87
1					1											
X		(TYPE OR PRI		narles P.	Koke	s, M.D	•	ADDRESS_	111	Penr	st.,	Balto	· MC	1. 2	1201	
	(5)	PEC(FY)	TION, REMOVAL 23			NAME OF CEA				CITY	OCATION OR TOWN		COUNT	Y	STA	TE
	В	urial		Oct.1987	7 Lo	udon P	ark (	_			altimo				MD	
		JNERAL DIREC	1111	ADDRESS					250. DATE		REGISTRAR	REGIST	RAR'S SK	- Prop	Just	
	Sin	ngletor	n Funeral	Home, Gla	en Bu	rnie,	MD		UL	106	198/	June 10	in Estima			i

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 17 (VR A15 ME (5))

BP

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD DESECUTED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USING AFTER DEATH, WITH THE STATE DEPARTMENT OF BAUTIMORE, MARYLAND, 27201 PRIOR TO BURIA

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

8

FOR

STATE OF MARYLAND	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	OCT .	_d	97	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
poge 3	£ 001	1		CASED NAME FIRST ELITH	Carland (EW) HE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
rector, pog	ors affer de		3 SEX		RACE White S. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
funeral din	thin 72 hou	5	A	RTHPLACE (STATE OR FOREIGN 76 ODA WAS	MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION	
n by the		3	A	nnapolis (	(IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS)  Anne Hrundel General Hospital THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	(179F OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ly filled i	showld be	5	13a S	TATE 136 COUNT	A. DO CITY OR TOWN 134 INSIDE CITY LIMITS?  YES NO X 15 MOTHER'S MAIDEN	1152 Mainsail Drive
complete	Day	1	7		Copeland Mary	F- Lindsey
on ond	rs. Poges	1			WAR OR DATES) 263 10 0288 Beverly	D Gamp- #13
g physic	removal.			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	/ hmal Araila	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hr
by the ottendin	ose remove corb I, cremotion, or ather troumotic			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	vetion zyhr. lerosis Yrs
een signed	it. Then ple for to burio y injury, or		MOIT	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEI  M = 1/17 S  196 CONDITION FOR WHICH OPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
e hos b	giene pr	7	CERTIFICATION			YES NO YES NO NO
certifical	riol-fron tentol Hy Item 18	7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
fter this	th ond M		MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216 LOCATION STREET	CITY OR IOWN COUNTY STATE
CTOR: A	of Heal			220.1 certify that (I) (this haspital sow the deceased alive on above (II) we) (did) (did not).	hiew the body ofter death. 19 87, and that in (my) our) opinion	on death occurred on the date and hour and from the couses stated
y the ho	detoched fore Dept			226. SIGNATURE N.F	MA DEGREE ATTENDING PHYSICIAN	
O FUNER	with the St			Joseph N. F	riend 200 Ridg	oly tre. Annapolis, in.
3P	o > ≤ '		(	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY Oct 81981 West Hill Cemete	ery Trion Chattaga Panish
AH - 16	60M 7/8	4	24 FL	NERAL DIRECTOR	Date Date Date Date Date Date Date Date	CORECTO & ROSSIVAR 256, REGISTRAR'S SANATURE

Laborated with the water the 2 mill men on mon to being all bearings I would make without some and the same of the same of the same pasting in the past books of his do not Elle - good of the best of the last of the A District the Control of the Participant Street in the Street ame Hopeant - lagor a logarel sole of

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22

NO

15. MOTHER'S MAIDEN NAME

**EST** REG. NO 20 DATE OF DEATH MONTH 2h HOUR 1987 OCTOBER & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS "44 73 9. BALTIMORE CITY OR COUNTY OF DEATH

4 RACE 784 FEMALE CAUCASIAN To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

DILLER

5. DATE OF BIRTH

ANNE ARUNDEL COUNTY 2a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CLERK DEPT. STORE

MARYLAND 10 CITY OR TOWN OF DEATH GLEN BURNTE

HELEN

NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GLEN BURNIE

U.S.A.

21061 7355 Furnace Branch Road

MARYLAND 14 FATHER'S NAME FIRST

HARRY

130 STATE

CERTIFICATION

MEDICAL

I. DECEASED NAME

LIVEE OF PRINTI

3. SEX

067855 OCT -8 8 REGISTRAR

136 COUNTY MIDDLE

SMITH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ALBERDINA SMITH 17 INFORMANT Glen Burnie Maryland

LIF YES GIVE WAR OR DATES!

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO.

Diller 6445 Colonial Knoll Helen E

MIDDLE

18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the

underlying cause last

190 DATE OF OPERATION

THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED Do ALITO IN CERTIFYING CAUSES OF DEATH? YES T

OR CONDITION GIVEN IN PART JIO

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2

WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on bove, (I) (we) (did) (did not) view the body after death.

211 LOCATION CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred an the date and haur and from the causes stated

22h SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

STATE

22d PHYSICIAN'S NAMB (TYPE OF PRINT)

BROADNECK MEDICAL CENTER

PENTINGULA FARM ROAD

BURIAL

10/8/87

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL

DEGREE

Brooklyn

Mante

24. FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md. 21061

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 06

DHMH - 16 50M 1/81 (VRA 15, 4)

od

riol-

Mental Hygie

uld be detached in the State Dept.

Shoul

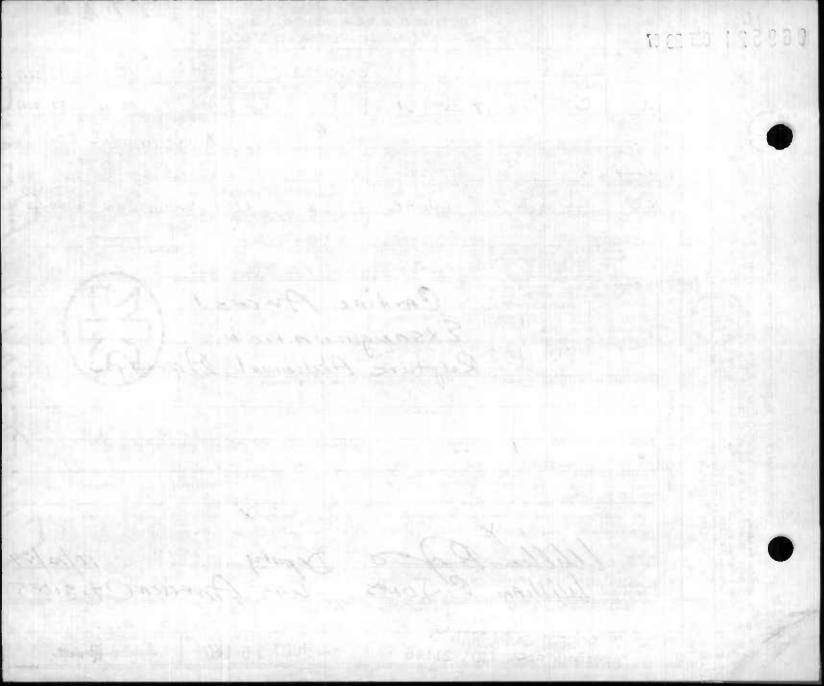
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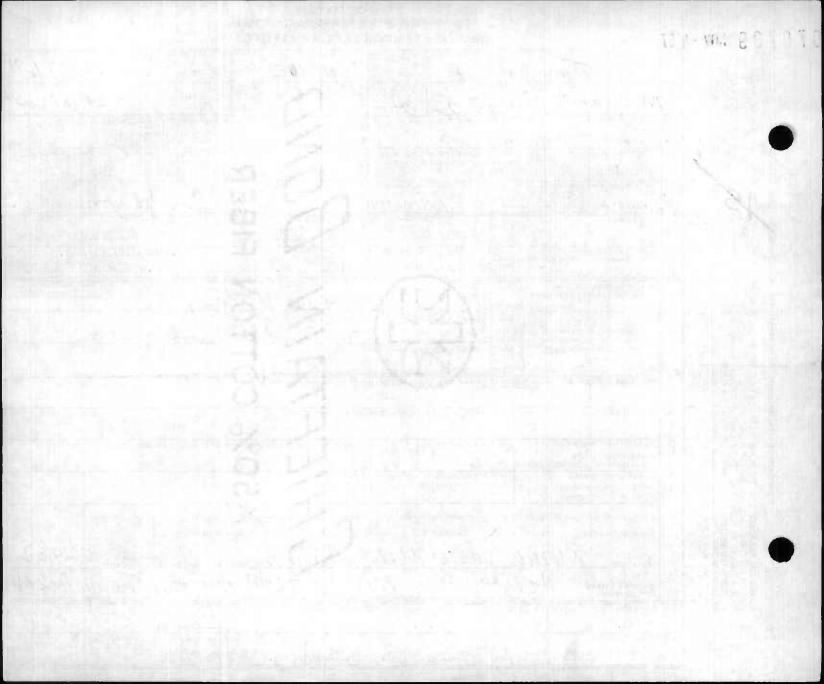
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THO K GAYDSO, M.T. 173-1 PRODUCTIAL RAW NOW





0	6	9	5	7	2	OCT	23	1 87	FOR STATE REGISTRAR	Charles	E.	Downs
			3	0	e 4				EASED NAM	E Chec	rle	5

director, pohours ofter d

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.			3.			
	2e. DATE OF DEATH	MONTH	DAY [Q	R)	26 HOL	JR P		
ī	6. AGE (IN YEARS LAST &	RTHDAY)	IF UN	DER 1 YEAR	IF UNDER	R 24 HR		
	73	YRS	MONTH	DAYS	HOUR5	MIN		

	CEASED NAME	FIRST	,	MIDDLE	LAST		20. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
(TYP	E OR PRINT)	Charl	00	15	Da	2000		10 1	687	9300			
					1/0	wris				1 1			
3. SE	X	1	RACE		5. DATE C		6. AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
-	male		whit	e	May	26 1914	73	YRS.					
	IRTHPLACE ISTATE OR F	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	1	<b>Y</b>	9. BALTIMORE CITY	OR COUNTY	OF DEATH				
	COUNTRY) MD		USA			NEVER MARRIED	Anne Amm	al = 1					
10.0	ITY OR TOWN OF DEA	YU 1		ACCRITAL MILIOCINI	WIDOWE	D DIVORCED DIVORCED	Anne Arun		121 8110 0	OF BUSINESS OF			
9			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		ETYPE OF WORK FOR MOS						
	Annapolis		Anne Ar	rundel Ger	n. Hos	sp.	Sales Auto-Tire						
	AL RESIDENCE (# NURS						1						
5	MD	136 COUNT	1	Deale	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	_	/20751				
14 E	ATHER'S NAME	1111		Deale YES NO 13 5921 Milton Ave/									
2	FIRST	ST MIDDLE LAST FIRST					WIDDLE		LAS	51 •			
3	Alexander		Downs Elizabeth						Evans				
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	DRESS						
,	Ves	WW I		578 03 2	2044	Sylvia C. Do	owns (same	)					
	LA CAUSE OF DEAT	M (Catalana)		land (Ovan) (b) and	J 1 4 1 1		Julio (Danie		APPROX	ONSET AND DEATH			
	18 CAUSE OF DEAT PART I. DEATH W			1)(1)	10.1	we oder	110		SEIWEEN	ONSET AND DEATH			
	A Second	IMMEDIATE	CAUSE (a)	ruch	and	ay ear	VILLE.						
			DUE TO, O	R AS ACONSTOUE	NO OF	10	.1/		17				
	Conditions, if any, which ( 1) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (												
	gove rise to immediate									,			
	underlying couse		DUE TO, OI	R AS A CONSEQUE	INCE OF	MERINDICA J	W tonon in	M 9/2	1/87 9/1	4/47			
			(c)	Decer	7 1.0-	10 carrow areas 4	0.00100	7 (104	N. C. I.C.	101/			
z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART I	a			
CERTIFICATION													
3	198 DATE OF OPERAT	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI FYING CAUSES				
E							YES NO		S 🗍	NO []			
1 %	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 1	PART I OR PART 2)				
	OR CONTRIBUTING			M. MONTH DA									
MEDICAL	(IF EITHER NOTIFY MEDIC		P.		19	21f LOCATION	1400						
AEC	214 INJURY OCCURE		(AT HOME, STE	OF INJUKT REET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OF	RTOWN	COUNTY	STATE			
1	AT WORK AT WO	RK				11. 00		1.	00	-			
	22a.1 certify that (1)	this haspite	il) ottended th	e deceased from	_	12 19 9 (		16	190	tha (II the) las			
	saw the decease above (I) (we) (c	ed dive an	TOTAL	19	, ar	d that in (my) aur) apinion	death accurred on the	date and hav	ir and fram the	causes stated			
	22b. SIGNATURE	ala Mala Hot	view the body	orrer dearn.		DEGREE			22¢ DATE	SIGNED			
	M.		VA		1/	ATTENDING	MEDICAL S	TAFF	101	11/07			
	1 10		100	VICOVO	)	PHYSICIAN L	DIRECTOR   PHY	SICIAN	100	1001			

our PHYSICIAN'S NAME ITYPE OF 238 BURIAL, CREMATION, REMOVAL 23b. DATE

Buria1

231. NAME OF CEMETERY OR CREMATORY Maryland Veterans

22e ADDRESS

Cheltenham

COUNTY PG

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 NAME (VRA 15, 4)

morked or Hem 18 shows a

IMPORTANT: If Hem 21 is

After this certificate hos

O HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the haspital ar TO FUNERAL DIRECTOR:

BP.

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

RAUSCH FH OWINGS: MD 20736

10-19-87

DOT 2.2 1987 July ASSESSED SEASON

requires that the death certificate be exec

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. director, page 3

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

Julia Dividson Pandall

b7	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.		ES	ST
	CEASED NAME FIRST	MIDDLE		U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
{ 1 A P E	ANNIE	MARIE		DUCKE	TT	OCTOBER	25	. 1987	950	PM
3. SEX		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	24 HR5
		LACK		MONTH 5	25° 1915°	72	YRS	MONTHS DAYS	HOURS	MIN.
C	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A			NEVER MARRIED	9. BALTIMORE CITY OF ANNE A	Y OF DEATH	Y	MD.	
	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPI							F BUSINE	SS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND A.A.	CONTRACTOR OF THE PARTY OF THE			13d. INSIDE CITY LIMITS? YES NO	8517 Pioneer Drive //				
	ATHER'S NAME FIRST USTIN	STEPH	NET		15. MOTHER'S MAIDEN NAME ALICE MIDDLE GREENLEAF					
	NAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVI		13-34-1							
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	y ane cause per line ( ) BY: E CAUSE (a)	far (a), (b), and	Veul	rent filmel	luh			ONSET AND	DEATH
NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS  (c)  ONDITIONS CONTR			NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GI	IVEN IN PART 11	<i>V</i>	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			ION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WE IN CERTIFYING YES NO					H?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN	NJURY ACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE		TATE
	22a. I certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did na	10/20	19_	2-3 . ar	nd that in (my) (asser) apinian	death accurred an the d	ate and ha		that (1) (causes str	
	226 SIGNATURE	Shy 1				MEDICAL STA	FF CIAN [	121. DATE	27/2	2
	22d. PHYSICIAN'S NAME (TYPE OF					EVERGREEN R		146	1	
	GERAPD CHURC BURIAL, CREMATION, REMOVAL URIAL				SEVERNA EMETERY OR CREMATORY CHURCH CEME.	23d LOCATION CITY OF TOWN Gambr		COUNTY	aryl	and
	UNERAL DIRECTOR Annay	olis, Md.	21401			TE REC'D. BY REGISTRAR		TRAR'S SIGNAT	TURE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

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CHEAND CRITICAL N. P. CONTROL OF THE CONTROL OF THE CAST STATE ...

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HEGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN K MONTH **PECEASED NAME** (TYPE OR PRINT) DEATH MATED DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 22,87 DEAD 57 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Truck Driver OR INDUSTRY Construction 13d. INSIDE CITY LIMITS? 1214 Thompson Avenue 21144 Severn 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lemaster Vergil Ernsberger Sr Imo jean 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-62-0637 Same as 13e Gail C. Ernsberger No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Wehicle Accident. Conditions, of ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS HOURA, MONTH DAY YEAR 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 CONTRIBUTING CAUSE OF DEATH 723 2P.M. 21e PLACE OF INJURY (AT HOME ZIF LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE 22a I certify that I took charge of the remains described above, held an Inspection . Autopsy death resulted from: Homicide Undetermined monner Natural couses Accident Suicide PAGE 4 SHOU MEDICAL EXAMINER EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 235 DATE 10/26/87 234 NAME OF CÉMETERY OR CREMATORY 234 LOCATION GLEN Haven Memorial Park Glen Burnie 51Md 07/84 250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNAT Julia Devilor **DHMH - 17** George J. Gonce 4001 Rivtchie Hgwy Balto Md

(VR A15 ME (5))

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ATTENDING PHYSICIAN. The low

HOSPITAL

etained by the hospital or attending physicion.

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

1773

	PECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MOR	NTH DAY YEAR 26 HOUR		
	MAFORD	R.	FIELDS	10	12 87 9:30		
3. SI	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN		
	MALE	CAUCASIAN	10 15	33 53	YRS. DATS HOURS MIN.		
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	9 BALTIMORE CITY OR C	OUNTY OF DEATH		
) M	V. VIRGINIA	U.S.A.	WIDOWED DIVORC	ED ANNE ARUNI	DEL COUNTY M		
0	DENTON	11. NAME OF HOSPITAL, NURSING 479 Patuxent	Road 2111	TYPE OF WORK FOR MOST OF WO			
5 13o. M	IARYLAND 136 COU		N 134 INSIDE CITY LI	X 479 Patuxe	ent Road 211		
	MANUEL	FIELDS	OPAL OPAL	DEN NAME	STRICKLAND		
		IVE WAR OR DATES)		lenton, Maryland Fields 479 Pa			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per lando de la land ED BY. NTE C AUSE (o)	Coromony 1	celusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	tension	litus In Dd	3 gen		
Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110		
Z E	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	1			
N SH	THE DATE OF OPERATION				b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO		
SAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA	21t. HOW INJURY	IN IN	YES NO		
MEDICAL CERTIFIC	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE	21b. TIME OF INJURY HOUR A.M. MONTH DA	19 211 LOCATION	YES NO NO	YES NO		
The same	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	19 211 LOCATION STREET	YES NO	CERTIFYING CAUSES OF DEATH? YES NO SIZEM 18 PART 1 OR PART?)  COUNTY STATE		
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHS MEDICAL EXAMINE 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220 I Certify that (I) (this hosp sow the deceased give or DDDW). (15 mm) field odd to 226 SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FA pitol) oftended the deceosed from  21 purpose of the body ofter death.	211 LOCATION STREET  19 211 LOCATION STREET  19 DEGREE  ATTEN PHYSI	OCCURRED (ENTER NATURE OF INJURY IN	I CERTIFYING CAUSES OF DEATH? YES NO   ISEM IB PART   OR PART 2)  COUNTY STATE  COUNTY STATE  27. that (I) (we) lay and hour and from the causes stated  27. DATE SIGNED		
MEDICAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hosp sow the deceased give on Dodge, 1) (the Hidde Cody) 226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA 21th Dottended the deceased from 19 21 With the body after death.	19 211 LOCATION STREET  19 19 211 LOCATION STREET  19 19 19 19 19 19 19 19 19 19 19 19 19 1	OCCURRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  OPINION death occurred on the date of INJURY IN  DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	COUNTY STATE  COUNTY STATE  220. DATE SIGNED  221. DATE SIGNED  21061		
MEDICAL	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 276 I certify that (I) (this hasp sow the deceased diversor the	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  portion) oftended the deceosed from at himse fine body often death.  OR PRINT)  Chang M.D.	211 LOCATION STREET  19 211 LOCATION STREET  19 210 LOCATION STREET  19 210 LOCATION STREET  210 LOCATION STREET  210 ADDRESS  801 Cra	OCCURRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  OPINION death occurred on the date of  DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN  IN Highway S. E	COUNTY STATE  COUNTY STATE  220. DATE SIGNED  221. DATE SIGNED  21061		
WEDICAL 2300	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hosp sow the deceased give on Dodge, 1) (the Hidde Cody) 226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  21b. TIME OF INJURY (AT HOME A.M. MONTH DA  P.M.  21b. TIME OF INJURY (AT HOME A.M. MONTH DA P.M.  21c. TIME OF INJURY (AT HOME A.M. MONTH DA P.M.  21b. TIME OF INJURY (AT HOME A.M. MONTH DA P.M.  21c. TIME OF	ARM ETC)  211 LOCATION STREET  19  211 LOCATION STREET  19  216 LOCATION STREET  19  217 LOCATION STREET  19  218 ADDRESS 801 Cra  14 AME OF CEMETERY OR CREM. STVIEW Park	VES NO DINJURY IN CITY OR TOWN  CITY OR TOWN  OPINION death occurred on the date of DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN  LIN Highway S. HATORY 1236 LOCATION	CERTIFYING CAUSES OF DEATH? YES NO   STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  21061  Cond hour and from the causes stated  22c. DATE SIGNED   COUNTY   COUNTY		

DHMH - 16 60M 7/84 (VRA 15, 4)

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68	788 OCT I	: Bi	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	110
•	nerol director page 3 in 72 hours offer death	3. SE)	TEASED NAME FIRST OR PRINTS	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	UNDER I YEAR IF UNDER 24 MIS.
YLAND 21201	thin 24 hours ofter a lety filled in by the fa 2 shootd be filled with ner most be motified	(USUA 13a. S	THER'S NAME	A. HODARONS 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE  YES NOW NOTE:  15 MOTHER'S MAIDEN NAME	126. KIND OF BUSINESS OR INDUSTRICATION OF PROPERTY OF Pubber Co. 21401 4 Common
BALTIMORE, MAR	cons be executed with		ES NO OR UNKNOWN) (IF YES GI	ADDRESS SO PART PER PROPERTY AND ADDRESS SO PART PER PROPERTY PROP	THE QS  H 13  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certification of the control of the			DUE TO, OR AS A CONSEQUENCE OF  (b) CITT hosis  DUE TO, OR AS A CONSEQUENCE OF  (c)	Months Yrs
TAL RECORDS, 20	The low regimes signs as the permit. Then pluggere prior to burn them pluggere prior to burn them pluggere.	CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	YES NO S YES	WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VI	ING PHYSICIANS attending physicians After this certifical as the buried thy actived or fem 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	ATH HOUR A.M. MONTH DAY YEAR R) P.M. 19  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.)  21l LOCATION STREET CITY OR TOWN	COUNTY STATE
•	TALOR ATTEND or the hospital in RALOR A General Control of General Control of		sow the deceased prive or	Five M.D. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	and from the couses stated  22c. DATE SIGNED
	HOSP Burned 1		JOSAN N	Friend 205 Ridgely Are. Annyol	is Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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nould be detained for use as the burial-transit permit. Then please remaye on the state Dept. of Health and Mental Hygiene prior to burial, cremation,

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After this certificate has been

O FUNERAL DIRECTOR

ATTENDING PHYSICIAN: The

TO HOSPITAL

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injury, ar ather traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-17				

기	UT	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.				1
		CEASED NAME	FIRST		MIDDLE	L	AS1	2a DATE O			DAY	YEAR	26 HO	JR
	{ TYPE	OR PRINT)	Nona	0		Gib	oson	OCTO	BER	31,	198	7	1:3	25 P.M
	3. SE)	X		4 RACE		5. DATE O	F BIRTH						IF UNDER	
1	1	Femal	е	Cauca	sian	Jan".	7 0 1 9 1 5	7	2	YRS	MONTHS	DAYS	HOURS	MIN.
4	7a. BII	RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	ORE CITY			ATH		
1	Br	OWNWOO	d, Tex	as	U.S.A	WIDOWE		Anne	Aru	ndel	Cou	ounty		
-	10. CI	ITY OR TOWN OF	DEATH				R OTHER INSTITUTION	12e USUAL			12b	KIND O	FBUSIN	ESS OR
1	An	napoli	S	(IF NOT IN SUC	HEACHITY, GIVE STREET,	P		Cler	k St	ate	of Y	rary	rlan	d
	13a S	STATE	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	ALC:	ONOL		ax I	-V	Sic	n
	Ма	aryland	Anne	Arunde	Annapo	olis	YES NO		5 Ca		t. Ci	aif	Rd	
74		ATHER'S NAME			1467		15 MOTHER'S MAIDEN NA	ME	MIDDLE	•				
1	G	George	T	homas	Minya	rd	Dorafiest		WIDDLE	L	ewal	ler	i	
-	16a. W	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDR					
	N	LES NO OR UNKNOWN	(IF TES, ON	E WAR OR DATES!	459-12	-0635	William E	. Gib	son	Same	as	136	9	
		18 CAUSE OF D	EATH (Enter or H WAS CAUSE	ly one couse per	linefor (a), (b), one	(c).)	TT L'	120	•		8	APPROXI	MATE INTE	PVAL DEATH
	2.11	PARTI: DEAT		E CAUSE (o)	Jenvie	cello	oot en	fare	7					
				DUE TO, O	RASA CONSEQUE	NCE OF	o Fibril	Dic	n_					
		Conditions, if		(b)	(00	næh	7 Near	1180						
		couse (a), s	toting the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		Underlying Co	ouse lost.	(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART											)	
	CERTIFICATION	19a DATE OF OP	EDATION	TINE COND	TION FOR WHICH	OBERATIO	N WAS PERFORMED	20a AUT	OBS V3	205 IE S	ES, WERE	EINIDIA	ICC HEE	
	FI 5	198 DATE OF OF	EKATION	198 COND	HON FOR WHICH	OPERATIO	N WAS PERFORMED			IN CER	TIFYING C		OF DEA	TH?
	ERT	21a. ACCIDENT WA	CUNDERLYING F	7 21b. TIME O	E INTITION		21c HOW INJURY OCCUR	YES [	NO		YES		NO [	
		OR CONTRIBUTING	_	110110	M. MONTH DA	Y YEAR	THE HOW INJURY OCCUR	RCD (ENTERN	ATURE OF INJ	URY IN ITEM I	S. PART LOR	PART 2)		
	MEDICAL	21d INJURY OCC				19	211 LOCATION							
	MEC		OT WHILE	21e. PLACE	EET, FACTORY, OFFICE, F	ARM ETC 1	STREET		CITY OR T	OWN	CO	YIML		STATE
		AT WORK	WORK											
1			t (I) (this hospi		e deceased from_		nd that in (my) (aur) apinion	death accurr	ed on the		. 19			
d		obove, (1) (x 77h SIGNATURE	e) (did) (did no	r view the body	after death	1	ndrough	deom occom	- Inc	doic ond i			SIGNED	
1		THE SIGNATURE	lans	111	71	2,	ATTENDING .	MEDICAL	STA	AFF	100	11-	7-8	77
		ZN. PHYSICIKN	Via	ca o	X. //	-02	HYSICIAN [	DIRECTOR	PHYS	CIAN		1		/
							V SEVERNA	PARK	MAR	VI.AN	D			
		DONAL	D HIS	LUP			. SEACUMH I	r service	THE IL	THIN				

DHMH - 16 50M 1/BI (VRA 15, 4)

ENTOMBMENT -3-87 24 FUNERAL DIRECTOR

23b. DATE

E. EVANS ANNAPOTES, MARYLAND

230 BURIAL, CREMATION, REMOVAL

ROBERT

23¢ NAME OF CEMETERY OR CREMATORY HILLCREST

23d LOCATION
LIS ANNE ANNAPO

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ARUNDEL

MARYLAND

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NOV 4 1987 July Kirken Buller

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(SPECIFY)

FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	1///		
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P		
Laur	a	Gogley	October 3,	1987 4:00 M		
3. SEX 4 RACE		5. DATE OF BIRTH 6/9/1902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
Female	Female White		85 YRS	MONTHS DATS MOURS MIN.		
To. BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN			
Penna.	USA	WIDOWED DIVORCED	Anne Arundel County, MD			
Brooklyn, Bal	LIE NOT IN SUCH FACILITY GIVE STREET		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Garment Worker Hershey Bro			
JSUAL RESIDENCE LIF NURSING HOME 130 STATE 136 COL Maryland A.	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY A. CO., Baltin	VN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 505 Taney	Avenue, 21225		
14 FATHER'S NAME Charles	MIDDLE Barnha	15. MOTHER'S MAIDEN NA FIRST Mary	Ellen	North		
(YES, NO OR UNKNOWN) (IF YES, C)	REMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 176-09-		ADOM 602 Troup Balto	Liberty Terra o.Md. 21225		
18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUS IMMEDI  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	dration, MAC, ENCE OF CHF - SEVE				
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	AINAL DISEASE OR CONDITION	GIVEN IN PART 110		

The second second	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	TURY IN ITEM 18 PART 1 OR PART 2)
	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR I	TOWN COUNTY STATE

22c. DATE SIGNED DEGREE Died Of HUNG 226. SIGNATURE

MEDICAL STAFF 10/5/1987 724 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Carlos N. Patalinghug, 21225

Md. 23d LOCATION
CITY OR TOWN
Bal timore 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE

Burial Cedar 10. Cemeter Co., BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Patapsco

Homes Balto .. Funeral

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ar other froumatic event, the

IMPORTANT: If them 21 is marked ar them 18 shows any

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

1	REGISTRAR		CEKTIFI	CATE OF DEATH	REG. NO	D.			
Ì	1. DECEASED NAME	MIDDLE	0 "	AST.	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	0
ı	(TYPE OR PRINT) Rober	t L.	GOT	don	/	0 11	87	4:50	M
Ì		RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24	MIN.
ı	MALE	CAUCASIAN	2	25 12	75	YRS	DATS	HOURS	WIN.
1	To. BIRTHPLACE (STATE OF FOREIGN Th	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
4	Ohio	USA	WIDOWE		Anne Aru	indel			MD.
1	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  INNE Arundel General Hospita			12a USUAL OCCUPATION	I NC	26 KIND O	F BUSINESS	SOR
×	Annapolis A								
3	USUAL RESIDENCE (IF NURSING HOME OR OI 130 STATE 136 COUNT)	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		21	110	
À	100 000111	cundelAnnapol		YES NO X	1059 St.	Margai	rets	Ave	
1	14 FATHER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN NA					
J	Hatcher C. Gord			Eva	WIDDLE		Gors	such	
1	160 WAS DECEASED EVER IN U.S. ARMI		URITY NO.	17 INFORMANT	ADDRE	SS			
ł	No	213097	045	Martha V.	Gordon sa	ame as	#13		
Ī	18 CAUSE OF DEATH (Enter only	one couse per far (a), (b), ar	nd (c·	1 ' 6			BETWEEN	MATE INTERVA	ATH .
ı	PART I. DEATH WAS CAUSED IMMEDIATE	0 0 0 0 0 0 0 0 0	red o	HORTIC AT	neury51	u			
1		DUE TO, OR AS A CONSEQU	IENCE OF						14
ı	Conditions, if ony, which								
ł	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF						1112	
۱	underlying cause last.	(6)	LIVEL OI						
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
J	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
1	5 190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS U				2
	HILL.				YES NO	YES [	]	NO [	
1	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART T	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19						
1	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	EARM ETC 1	21f LOCATION	CITY OF TO	WN	COUNTY	STA	TE
1	WHILE NOT WHILE AT WORK	THE HOME STREET, FROTOKY, OFFICE	r man, e ( c )						
1	220.1 certify that (1) (this haspital	l) attended the deceased from.			, ta	, 19_		that (II (we	) lost
١	saw the deceased alive on	saw the deceased alive on, and that in (my) (aur) apinion death accurred an the date and hour and fram the couses stated							
ı	TIL SIGNATURE	A SIGNATURE DEGREE 221. DATE SIGNED							
ı	Namy	1900 HOURS MILE ATTENDING MEDICAL STAFF 10/11/8							
٦	224 PHYSICIANS NAME PREORP	RINT	1	27e ADDRESS	11/15	17 H.	- 1		3
	HENRY /H.	CANTON	M.D.	51 PRAI	UKLIN	4 4/0	DA	NADO	T
Ī	230 BURIAL, CREMINION REMOVAL	23b DATE 23c	NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		-		1
	Burial	10/14/87 Me	adowi	ridge Cem.	Dorsey	A . A :	runde	STA'	Md.
1	24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE							****	

DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral

Home,

Annapolis.

400 F 100 0 184 P 1 Tot

68067

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1

21116

3	17	REGISTRAR			CERTII	ICAIL OI DEA		REG	. NO			
1		CEASED NAME FIRST		MIDDLE	(	AST		20 DATE OF DEATH	HONTH	DAY YEAR	2b H	OUR
	(1116	Anna		L.		Gourley		October	3, 19	987	1:	00P M
	3. SEX	X	4 RACE		5. DATE C			6. AGE IN YEARS LAS	T BIRTHDAY)	MONTHS DA		UER 24 HRS
	F	emale A	Cauc		Nov	28°, 19	18	68	YRS	MONINS	15 HOUR	MIN.
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVED MAS	NEVER MARRIED 7 BALTIMORE CITY OR COUN			TY OF DEATH		
2		rginia	U.S	S.A.	WIDOWE			Anne An	cunde1	L		MD.
-	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITU	ITION	12a USUAL OCCUP				INESS OR
5	Anı	napolis		cundel G	en.	Hospita	1	Housewif			e Mal	ker
3	13a S	AL RESIDENCE (IF NURSING HOME) STATE  LTYLAND	E OR OTHER INSTITUTION DUNTY A.A.	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Annapoli	N			13e STREET ADDRES			2140	1
0	14. FA	THER'S NAME William	MIDDLE	Shiff1	.ett	15 MOTHER'S M. Firs Edi	T	AE MIDDE	€	Sh	iffle	ett
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			DRESS		V	
		res. NO OR UNKNOWN) (IF YES	GIVE WAR GREATEST	213-01-7	783	Harry C	. Gou	rley Jr.	Same a	s 13e		
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMED	DIATE CAUSE (a)	line for (0), (b), one  [nanitio  R AS A CONSEQUE	n of	chroni	c di	sease			ROXIMATE IN FEN ONSET A NOTITI	
		Conditions, if ony, which	( (b) I	leart fa	ilur	e				1 y	rear	
		gave rise to immediate cause (a), stating the	2	R AS A CONSEQUE	NCE OF					n	เลกง	vear
3		underlying couse last	(c)_(	Chr. obs	truc	tive pu	lmon	ary fibr	coempl	rysema	i	year
	z	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR C	ONDITION G	IVEN IN PART	lia	pa. II.
-00	170	Osteoporos		ITION FOR WHICH				20a AUTOPSY?	Table 16 V	ES, WERE FIN	DAICCH	
2	CERTIFICATION			IIION FOR WHICH	OPERATIO	N WAS PERFORM	ED		IN CERT	TIFYING CAUS	SES OF DE	EATH?
-	ERTI	N/A 21a, ACCIDENT WAS UNDERLYING	N/A	E INTUINV		Tale HOW IN ILLE	OCCUPP	YES NO	-	YES		
7		OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	210 110 W 114301	OCCORR	CD TENTER NATURE OF	INJURY IN HEW IS	PARTIGRARI	41	
	EDICAL	(IF EITHER NOTIFY MEDICAL EXAM	P. 21e. PLACE		19	211 LOCATION			_			-
	ME	WHILE NOT WHILE		REET, FACTORY OFFICE FA	ARM ETC )	STREET		CITY	NWOTR	COUNTY		STATE
		220.1 certify that (I) (1% % sow the deceased alive above, (I) twenty distribution			anua 7	ry 19, and that in (my) (all	19 <u>87</u> Xopinian c	eoth occurred on th	e dote and he	, 1 <mark>87</mark> our and from		li <b>Ka</b> Xast s stated
		Charles	W. Kin	zer			NDING X	MEDICAL S	STAFF YSICIAN [	Oct	= 4,	1987
		Charles W	. Kinzer			1		t Dr., A	Annapo	lis,	MD :	21401
	(	BURIAL, CREMATION, REMOVE Burial	10/5/8	7 Ced		EMETERY OR CRE	ery	Baltim		COANTY A		Md"
	Ge	orge J. Gonce	4001 Rit	chie Mewy	Balt	o Md	OCT	0 6 1987	RAR 256. REGIS	STRAP'S SIGN	Panda	44

DHMH - 16 60M 7/84 (VRA 15, 4)

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Charlette & Some

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour, offer death. Page 4 may be	Tebrined by the hospital or offending physicion.  TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physicion and can plate, filled in by the fuxerol director, page 3 should be detached for use os the buriol-tronsn permit. Then places removed corbon papers. Pope 1 and 2 min at him 22 hours ofter death with the State Dept of Heolth and Mental Hygiene prior to buriol, cremoton, or removal.  IMPORTANT: If hem 21 is marked or from 18 spaws ony injury, or other traumotic event, the medical representation certified and the control of t
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BP\_

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1		NEO IOTIVAN					REG. N	0		11.5	
I		CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
ı		BERTHA	E	GF	REENHOLTZ		OCTOBER	26	1987	3.20	AIM
ſ	3. SEX		4 RACE		DATE OF BIRTH		6. AGE (IN YEARS LAST BE	PTHDAY)	MONTHS DAYS	HOURS	24 HRS
1	,	Female	White	9 6	6/15/1891	YEAR	96	YRS.	MONINS DATS	HOURS	MIN.
1	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	AARRIED   NEVER M	ARRIED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH				
4	-	Md.	USA			ORCED [	ANNE A	RUNDE	I. COUNT	Y	MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HE		TUTION	17a USUAL OCCUPAT			OF BUSINE	SS OR
1		GLEN BURNIE	NORTH	ARUNDEL HO			Housewif			emake	r
7		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADMI	(ISSION)	TY HAAITS?	13e STREET ADDRESS	/ ZIP COI		2123	
7		aryland =		Baltimore		NO 🗌	1724 Joh				
1	FA	THER'S NAME	WIDDIE	LAST _	15. MOTHER'S		ME MIDDLE		14	,	
4	1		MIDDIC	Hamlen		IRST	MIDDLE				
7		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMAN	VT.	ADDR	ESS Ba	lto.,	Md.2	1227
4	, (1	no	INE MAR ON DATES!	214-50-35	544 Elmer	Gree	enholtz 4	.000	Brian	St.	
I		18 CAUSE OF DEATH (Enter o	inly one couse per	line for in b and ic	01010				APPRO: BETWEEN	MATE INTER	DEATH
1	81	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	140+	ceraco						
1		1 24 1	DUE TO O	R AS A GONSEQUENCE	EOF III A	Das.	2810				
1		Canditions, if any, which	(6)		we		, 0, 7				
		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUENCE	E OF	-					
١		underlying cause last.	(- (c)								
1	7	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEAT	TH BUT NO TRELATED	TO THE TERM	INATOISEASE OR CON	PITION G	IXEN IN PARTY	0 (1	70
	CERTIFICATION	(1) ASCU !	(3) 4	-7 17	eecon	1,0	) VEHICO	100	#) 170	,	-
7	ICA	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPE	RATION WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FIND IFYING CAUSE		
	RTIE				(		YES NO		res 🗌	NO [	]
		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ☐ CAUSE OF DE	1101/0		YEAR TE HOWIN	URY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE	ER) P.		19	• 1					
1	MED	21d INJURY OCCURRED	71e PLACE	OF INJURY REET FACTORY, OFFICE, FARM, E	ETC ) 211 LOCATIO STREET	7	CITY OR IC	JWN	COUNTY	51	TATE
1		AT WORK AT WORK			10/14	CM	100	7	Cay		
1		27a.1 certify that (1) (this hasp saw the deceased alive a	1/0/	25 1987		, 190	, 10		. 19 0	that (I) (w	
		obove, (l) (we) (did) (did n	of view the body	ofter death.		оог) оринан	death accurred on the d	ore ond no	-		ted
1		-ale	1000			TENDING _	MEDICAL _ STA		10 h	16/21	7
		724 PHYSICIAN SPIAME ITE	Vient.		27e ADDRESS	HYSICIAN			271 2012	70	1
		/			4 500 00	2/3			RM ROAD	1	
4			050, M.D				ARYLAND. 2	1012			
		EURIAL CREMATION, HEMOVA		1	E OF CEMETERY OR C		23d LOCATION		COUNTY		TATE
1	24 D	NERAL DERECTOR	10/29	y or rocae		eme te		lore.	A A C	0.	Md.
1		NAME	237	E. Patar	Md.21225		T 3 0 1987	guita	The State of the s	Warde	
	IAI (	ccully Euner	al Home	Barto.	Ma . 21225						

1070 070

1.007.33

1. 1. A. S. K. S.

FF F K S T DEST TO F F DAY TO BE

MINI BURELLA

TO HOSPITAL

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

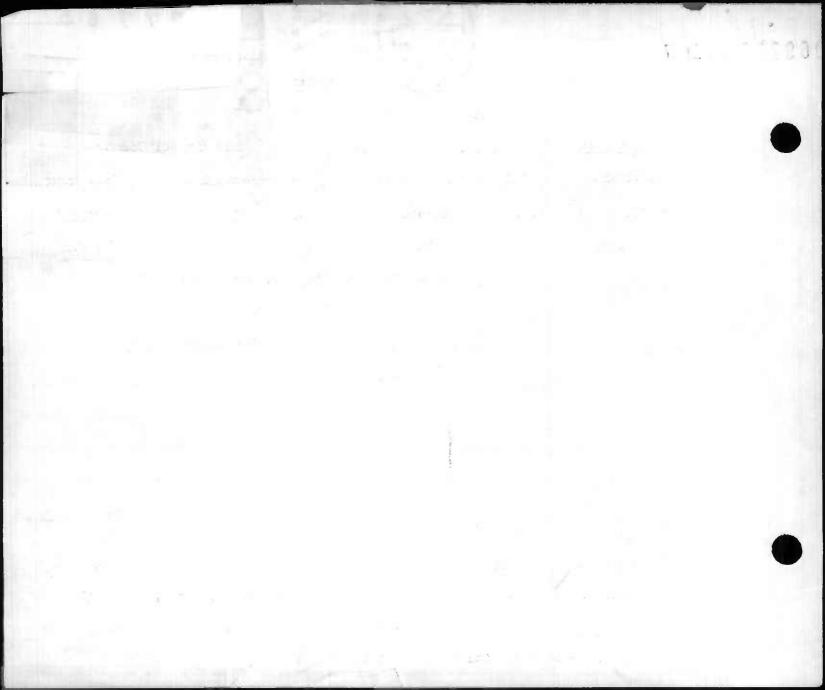
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	REG. N	0.		
-		CEASED NAME FIRST	MIC	DIE	(	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26°6. HOUR
	(111)	Wilhelm	nina	E.		Gressler	October	19,	1987	12 Nc M
	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female	Whit	e	Janua	ary 9, 1898	89	YRS	MONTHS DATS	HOURS MIN.
-	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
)		ennsylvania	U.S.	A.	WIDOWE		Anne Arundel County			
5		TY OR TOWN OF DEATH		SPITAL, NURSIN ACILITY, GIVE STREET 11man A		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife		LIFE) INDUSTRY	F BUSINESS OR Maker
5	130. S Ma	0 -		ve residence before 3c. CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS . 5625 Balli			L225
0	14. FA	THER'S NAME FIRST Henry	MIDDLE	Smitl	h	15. MOTHER'S MAIDEN NAM Caroline	WIDDIE		Schr	nid
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS		
	()	res, no or unknown) (if yes, giv		217-10-7	7721	Caroline Vic	kers Sam	e as	13e	
	CATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR A	TRIBUTING TO D	HEAC!		nal disease or con	DITION G	IVEN IN PART 110	
7	TIFICA	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	IFYING CAUSES	
7	CAL CERTIFI	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	O. OR AS, A CONSEQUENCE OF  O. OR ALCON FOLIENCE OF  DISCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  DIDDITION FOR WHICH OPERATION WAS PERFORMED  ONDITION FOR WHICH OPERATION WAS PERFORMED  OND						
	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK		INJURY T, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CTIY OR TO	WN	COUNTY	STATE
		22e.1 certify that (1) (this bases saw the deceased alive an above, (1) (we) (did) (did no 22b. SISNATURE	00-13	19	* *	nd that in (my) (auc) opinion d DEGREE ATTENDING	leath occurred on the di			
1		22d PHYSICIAN'S NAME (TYPE O Mario J. Reda				PHYSICIAN 2 22e ADDRESS 4211 4th Str	eet Baltime		Md 2122	5
	(	Cremation, REMOVAL	10/22/	87 123 N	estvi	emetery or crematory ew Memorial Pk			alto	Mď
		eorge J. Gonce	4001 Rit	chie Hg	wy Ba	Ito Md DOUT	1099887	25h RECHE		Moch



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

218-36-5248 Margaret Riley 706 Appomattox Rd. Davidsonville BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED 205 Ridgely Ave. Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist Lothian A.A. Co. Maryland 10 - 23 - 87Church Cemeters Voltage Cob By REGISTRAR 25W REGISTRAR'S SIGNATURE

1987

IF UNDER LYFAR

1:45P.M

126. KIND OF BUSINESS OR

DHMH - 16 50M 1/B1

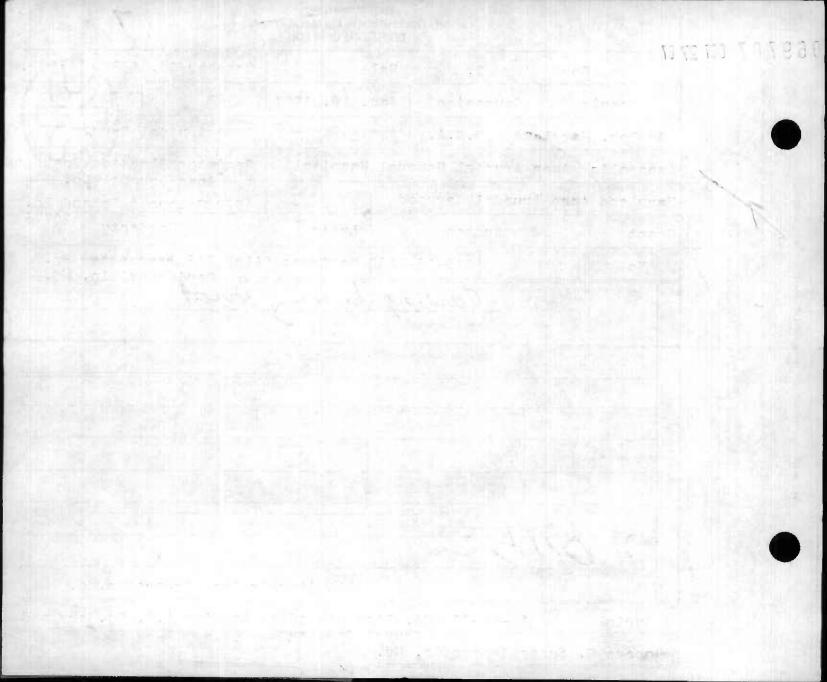
(VRA 15, 4)

FOR - STATE

24 FUNERAL DIRECTOR Robert E. Evans Annapolis, Md.

23g. BURIAL, CREMATION, REMOVAL

Burial



068998

moy be

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

250. DATE REC'D, BY REGISTRAP 750. REGISTRAP'S SIGNATURE

9.0	nct	120	FOR STATE STATE		DEPARTA		EALTH AND MENTAL H		EG. NO.	8	£.;
JU	061	I. DE	CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DE		DAY YEAR	2b HOUR
poge 3			CORPRINT) Lloyd	Ł	E. Ha	42	el 5/	2.	10	1387	4P M
fter o		3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
recto	B.	/	Male	White	_	10	07 14	1	3 YRS		
n 72 ho	35		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S	WHAT COUNTRY?	MARRIEI	NEVER MARRIED		RUNDEL		C MD
y the fu	Parket	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a LISUAL OCC	UPATION	12b. KIND C INDUSTRY	OF BUSINESS OR
in by	27/	USU	AL RESIDENCE (IF NURSING HOME OR				वस्ता गण्डा			J Sa.	res
Filled Rooted b	20			een nes	Stevens	ville		822 Pe	tinot	Place	21666
pletely nd 2 s	1	1/	THER'S NAME FIRST WILLIAM	MIDDLE E	HARTZEI	т	15. MOTHER'S MAIDEN FIRST ETHEL		DDLE	T T O X	
E O	0 0	_	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU		17 INFORMANTSte	trop ettill	ADDRESS.	LLOYI	
ond	T dedic			E WAR OR DATES)		7921		. Hartze			21666 inot Pl
cion ers. F	the state of the s			1			Dessie E	. Hartze	11 0		MATE INTERVAL ONSET AND DEATH
physin	ent,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	Respire		Fuline			8ETWEEN	ONSET AND DEATH
rbon r ren	ic ev		IMMEDIA	E CAUSE (a)		1	/ allar				
rtend ve co on, c	C HID	100	Conditions, if ony, which	DUE TO, O	Brain	Tyn	nor				
the o	her tro		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
leose	or of			(c)							
hen p	njury,	NO	PART 2 OTHER SIGNIFICANT		ontributing to c		NOT RELATED TO THE TE		CONDITION GIV	VEN IN PART 1	a'
hos beer permit.	1	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDII FYING CAUSES ES	
al-tronsit	18 sh	-0	. 2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	- Lund	_	hand	
the buri	ted or It	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CIT	NWOT RO Y	COUNTY	STATE
Afte os olth	mork		27 Pertify that (1) this hospi	tal) attended th	e deceased from	10	2 - 3/19 8	C 10 1	0-13	19 87	that (1) we) last
CTOR:	121 is		sow the deceased plive an	10-	13 -19		ed that is (my) (our) opini	on deoth occurred on			
AL DIRE	I. If hen		22b. SIGNATURE	Peter	-	n	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN [	22c. DATE	SIGNED / 14/87
NER bed e Sto	37	1	224 PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS			,	
Should be deta	W POB		Robert	T.	Peters		25	Shan	st A	nnap	olis Md
		23a B	SURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 10/17			EMETERY OR CREMATOR	CITY OF TO		br gwor	Mã .

21061

DHMH - 16 50M 1/8t (VRA 15, 4)

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md

retained by the hospital or attending physician.

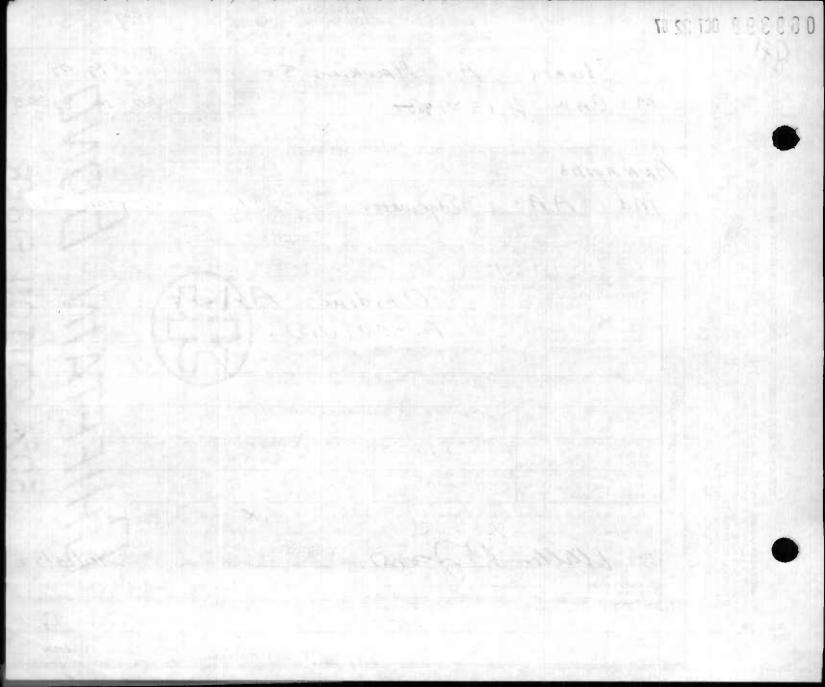
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Total Artesta See a fig. (See a Youther Street

7/5 25

3 35m#5



(VRA 15, 4)

R	
ATE	
GISTRAR	

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1)	7	7	3	
Birth			0	4

678	3 4 8 OCT -	-88	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG. NO.	7 5 4
			DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DATE	YEAR 26 HOUR
	7 75	- 1	William William	- Ha	wkins	Oct 1, 1987	м
120	1 80	3	SEX	4 RACE	5. DATE OF BIRTH	0	UNDER 1 YEAR IF UNDER 24 HRS.
101	* 05		Male	Caucasion	Nov. 11. 1919	67 YRS.	NIHS DAYS HOURS MIN.
-	4 92 1	77	BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
	PE 20	51	Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel Co	ounty MD.
	1/3	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		128 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
101	1 11 (1)	0	Severna Park	151 Arundel B	each Rd 21146	Masonary Worker	Brick& Stone
ND 217	1 13		3a. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t CITY OR TOWN Severna	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 151 Arundel Bch.	Rd. 21146
35	1 13人系	2	FATHER'S NAME	MIDDIF	15 MOTHER'S MAIDEN NA	ME	LAST
MAS	1 1800	0	Robert	Hawkins	Goldie La		183)
2	er l	1 16	WAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS	
IWO	The state of		OR UNKNOWN) (IF YES, G	W II 214-16-2	155 Hilda Hawki	ns (Same as Above	
ALT	i line	)L	18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), and	dict.)		BETWEEN ONSET AND DEATH
h:	· 有 · 有 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6	11	PART I. DEATH WAS CAUS	ED BY: ITE CAUSE (0) METAT	TATIC LUDG	CARCINOMA	
N S	1000			DUE TO, OR AS A CONSEQUE			
EST	denti		Conditions, if ony, which	( (b)			
1 W. PR	bot the color the color the color terms		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
5, 20	greed en ple samp		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART Tia
ORD	1 1 2 2		0	The Completion For Marie	OPERATION WAS PERFORMED	20g AUTOPSY? ZOB. IF YES, V	WERE FINDINGS USED
REC	1 1111	7	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY!	NG CAUSES OF DEATH?
TAL	To the state	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW INTERVOCCUE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
>	14 3 1 5 W	9	OR CONTRIBUTING CAUSE OF DE		AY YEAR	LED LEWISK WATORS OF INJURY IN HEW ID THE	( CRPAR) E)
2	No 853 #	/	(IF EITHER NOTIFY MEDICAL EXAMINI	P.M.  21e. PLACE OF INJURY	19 211 LOCATION		
VISIO	O Pho one of the b		21d INJURY OCCURRED  NOT WHITE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
a	D T T D T D T D T D T D T D T D T D T D			oital) attended the deceased from_	, 19		, that (I) (we) lost
-	THE TOTAL		sow the deceased alive a	ot) view the body after death.	, and that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated
	A DE SE		27 SIGNATURE		LICITIZATIENDING		22c. DATE SIGNED
	A 4847		1-11	Lant Alex a	PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	10-4-47
	TAN STATE	1	224 PHYSICIAN'S NAME (THE	OR PRINT)	22e ADDRESS	suite 201	* /
	HOS SHOW	/1			132 Holiday	C+ annaples his	D 21401
	51 5113-	7	30 BURIAL, CREMATION, REMOVA	L 236. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP_		Burial	Oct 3, 1987 M	D Veterans Cem	Osessan . '	COUNTY STATE
	DHMH - 16 50M 4/83	1	NERAL DIRECTOR ROBE	RT S. BARRANGO	25a. DA	TE REC'D BY REGISTRAR ISH REGISTRA	

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 B7 ISTRAR O DATE KNOWN X MONTH DAY 75 HOUR (TYPE OR PRINT) HAYES DEATH MATED VELVET 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF LINDER 24 HRS DATE Mamur MONTH PRONOUNCED 10-17-87 12:15 DEAD Female Black March 06 61 26 Th. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County DIVORCED Maryland USA ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Clerk Anne Arundel County Hospital Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 138. INSIDE CITY LIMITS? 13e STREET ADDRESS Shady Side 5966 Shady Side Rd. 20764 Maryland Anne Arundel NO 😿 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Howard Haves Doris Easton 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWNS LIF YES, GIVE WAR OR DATES! 5966 Shady Side Rd. Lucille Easton no 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOUDD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH self/inflicted 12:10a 10-17-87 21e PLACE OF INJURY (ATHOME IL LOCATION STREET, FACTORY, FARM, ETC. I 5966 Shadyside Rd. Shadyside, Maryland WHILE AT WORK AT WORK residence Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from: Accident Undetermined manner Natural causes TITLE (SPECIFY) 10-18-87 Assistant MEDICAL EXAMINER

BP

**DHMH - 17** (VR A15 ME (5)) 230 BURIAL, CREMATION, REMOVAL 236. DATE Dct. 22-87

EXAMINER'S NAME

Buria1

(TYPE OR PRINT)

Margarita A. Kroell, M.D. ADDRESS

111 Penn Street

73c. NAME OF CEMETERY OR CREMATORY Bethel Way Chr. Cem

23d. LOCATION Huntingtown

Calvert

Md

STATE

24 FUNERAL DIRECTOR 1451 Dares Beach Rd. Prince Frederick, Md 20678 Spencer E. Sewell

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

061.83 1997

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

	-	REGISTRAR				REG. N	0.		
			MIDDLE OW	ens "	AST	20 DATE OF DEATH	MONTH DAY		IOUR
		A .	VIN GNNIA	Her	bron		10 -25.	87 19	745 M
	3. SEX		4. RACE			6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UN	ADER 24 HRS
	-1	Female	Black		1 1000 -	97	YRS	DATS HOU	KS MIN.
Z			Th CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY C	R COUNTY OF DE	ATH	
4		md	U.S.A			Anne 1	Arundel		MD.
ton	10 CT	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. 1	KIND OF BUS	INESS OR
	A	nnapolis	4 4	-	ral	11	wife	)31K1	
1			R OTHER INSTITUTION GIVE RESIDENCE BEFO		A 124 INSTINE CITY HALITS?	13e.STREET ADDRESS	/ 71B CODE		
Ac.	11		Λ		YES NO Z	864 HANWI	A .\	120	776
-010	I4 FA	THER'S NAME			15. MOTHER'S MAIDEN NAM		1000		
		Charles	0	à	1/129/11/10	WIDDE	51	mm c	
				URITY NO.	17 INFORMANT	ADDR	SS Wash	10/5	Dic
	( )	(ES, NO DR,UNKNOWN) (IF YES GIT	VE WAR OR DATES)	-1591	MING HANKI	X 100 D	Wising F	WE NE	2
1		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a	nd ici	1	18 100 0		APPROXIMATE IN	NTERVAL
1	Ξ	PART I. DE ATH WAS CAUSE	ED BY.	0	espiration a	rest	11.0	100	- rule
1		IMMEDIA		## LEE OF					
-		Conditions if any which			the expron	com du	cse	1040	cho
- 1		gave rise to immediate	) (6)			1			
-		underlying cause last.		JENCE OF			100		
- 1	5	PART 2 OTHER SIGNIFICANT		DE ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN P	APT 110	
	Z								
2	ATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS U	JSED
71	F					YES NOT			
Н	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRE			ART 2)	
			AID		10.8				
	DIC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY OFFICE	, FARM, ETC )	STREET	CITY OR TO	WN COU	NTY	STATE
			itali-attended the deceased from	30	14 10 85	10/2	5 10 8	7 that	1) we) last
		saw the deceased alive or	9-30-37	, a		eath accurred on the d	ate and hour and Irr	om the cause	
		22b. SIGNATURE	of Pview the bady alter death.		DEGREE		225	DATESIGN	ED.
		*1	100	21	ATTENDING	MEDICAL STA	FF	10/26	185
Underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  195 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF INJURY IN ITEM 18 PART 1 OR PART 2)  190 DATE OF OPERATION  190 DATE OF OPERATION	1-3								
		600	< Noille		11 0	ullo land	WestRing	- MO	2000
$\dashv$	22- 2		163	NIAME OF S			3/ 11/06	70	2011
	230 B	BURIAL, CREMATION, REMOVAL	1 1 1 1 1 1 1 1 1	TAME OF C	EMETERY OR CREMATORY	23d LOCATION	) count		State
3. SEX    A RACE   S. DATE OF BIRTH   MONTH   DAY   SEA   MARRIED   NEVER MARR	1 100 500	HATWE	d Ail	+	und				
	Z4 FL	CHAME III	ADDRESS.	+pchi	Sima 250. DATE	REC D. BY REGISTRAR	A. R.	- NATURE	deep
	6	161 HICKS	17-12 tores1	Dr	100	49 884	Suren Bren		

DHMH - 16 60M 7/84 (VRA 15, 4)



069	25	3	oct 2	17 FOR STATE REGIST
	by be	age 3	D	1. DECEASED (TYPE OR PRINT)
	Poge 4 m	director, p	16/	3. SEX Fem:
	ter deoth.	within 72 h	led of the	De L
ID 21201	within 24 hours offer death. Page 4 may	and completely filled in by the funeral director, page ages 1 and 2 should be tiled within 72 hours ofter deal	Stree notific	CLEN RI USUAT RESID 130, STATE Maryla
MORE, MARYLAND 21201		and 2 show		14 FATHER'S
AORE, I	executed	and cor	redicol	160. WAS DEC

corbangapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysics should be detached for use as the burial-transit permit. Then please general contractions with the State Dept of Health and Mental Hygiene prior to burial, cremeiton, or attended

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

retained by the haspital or attending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE CERTIFICATE OF DEATH

2	1	7	8	7

REGISTRA				IFICALE OF DEATH	REG. NO	Э.	EDI	
1. DECEASED NA		WIDDLE		LAST		MONTH CAY	YEAR 2b HC	OUR
(TYPE OR PRINT)	ATT	7/	HETTZE	210	OCTOBER	18. 1987	955	DM
SAR 3. SEX	AH	14. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR			DER 24 H
Femal	e	Caucasian		ecember 2. 1905	81	YR5.	S DAYS HOUR	5 M
7a. BIRTHPLACE		76. CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY O		EATH	
Delaw		United St	MAR	RIED NEVER MARRIED DIVORCED	ANNE ARUN		TY	
10. CITY OR TOW	N OF DEATH		TAL, NURSING HOM ITY, GIVE STREET ADDRESS)	AE OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE) IN		
CLEN RUR	NIE	NORTH ARUN	DEL HOSPIT	TAL	Homemaker		Domesti	3
Marylan	113h COI	or other institution, give re unity arundel G	ity or fown Len Burnie	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 1309 Will:	iam St.	21061	
14 FATHER'S NA/		) MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	SED EVER IN U.S. A	ARMED FORCES? 166 S	OCIAL SECURITY NO		ADDRE	SS		
NO OR UNI	NOWN) (IF YES, C	GIVE WAR OR DATES)	19 01 4078	Lorraine Hud	son (Same	As 13a-	e)  APPROXIMATE IN BETWEEN ONSET A	
gave rise	DUE TO, OR AS A CONSEQUENCE OF  Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF							
NO (	CHE  OF OPERATION	, Ischer	mic R	BUT NOT RELATED TO THE TERM  OUT DUSC  TION WAS PERFORMED		206 IF YES, WE	RE FINDINGS US CAUSES OF DE NO	ATH
0.0.00.100.0	NT WAS UNDERLYING	216. TIME OF INJ	URY MONTH DAY YE	21c HOW INJURY OCCUR	DED /s see see As as as	DW		
() INCHINER	UTING CAUSE OF D	PEATH		AR	KED (ENIER NATURE OF INJU	RY IN HEM 18 PART 1 C	OR PART 2)	
21d. INJUR	NOTIFY MEDICAL FXAMIN Y OCCURRED NOT WHILE AT WORK	P.M.  21e PLACE OF IN  (AT HOME, STREET, EA	JURY CTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TO		OUNTY	STAT
22a   certif	NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF CURRED  NOT WHILE ALL WORK  Ty that (I) (this had be deceased alive to (I) (bid) (did)	P.M.  21e PLACE OF IN  (AT HOME, STREET, EA	JURY CTORY, OFFICE, FARM, ETC	21f. LOCATION ) 21f. LOCATION STREET  EMBER 10, 19 83 and that in (my) (aux) apinion  DEGREE  ATTENDING	ta GET. 13 death occurred an the d	, 19 ate and haur and	OUNTY that (I	( <del>we</del> )
22a I certil saw H obow 22b SIGN	NOTIFY MEDICAL FXAMINY OCCURRED  NOT WHILE IN HOW HAVE	P.M.  21e PLACE OF IN  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME) view the bady after  E OR PRINT)	JURY CTORY, OFFICE, FARM, ETC eased from Alexanders 19 9 7 death.	216. LOCATION  216. LOCATION  STREET  216. 10 , 19 83  , and that in (my) (aux) apinian  DEGREE  ATTENDING PHYSICIAN [  27e ADDRESS  7422  CLEN BIRNIE	ta GET.  death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occ	, 19 ate and haur and	ounty  7 that (I tram the causes 222. DATE SIGNE	) (we)
22a   Certil saw t obovy 22b   SIGN 22d   PHYSIC	NOTIFY MEDICAL FXAMINY OCCURRED  NOT WHILE  NOT WHILE  IN HOT WHILE  IN	P.M.  21e PLACE OF IN  (AT MOME, STREET, FA  postal) attended the decomposition of the place of	JURY CTORY, OFFICE, FARM, ETC eosed from Minter 19 7 7 death.	216. LOCATION  216. LOCATION  STREET  STREET  STREET  STREET  STREET  ATTENDING PHYSICIAN [  22e ADDRESS  7422  CTEN BIDNIE  DE CEMETERY OR CREMATORY	death occurred an the death occurred an the death occurred and the d	IP	ounty  7 that (I tram the causes 22c. DATE SIGNE 10 19 BLVD.	State State
22a   certil saw t obovy 22b SIGN 22d PHYSIC	NOTIFY MEDICAL FXAMINY OCCURRED  NOTI WHILE AT WORK  Ty that (I) (this bear of elecased alive e. (IV (see) (did) (	P.M.  21e PLACE OF IN  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME, STREET, FA  patal) attended the decorn  (AT HOME) view the bady after  E OR PRINT)	JURY CTORY, OFFICE, FARM, ETC eased from Market 19 7 death.  D 23c NAME C	216. LOCATION  216. LOCATION  STREET  STREET  STREET  216. LOCATION  STREET  ATTENDING PHYSICIAN E  22e ADDRESS  7422  CIEN PURNIE  CROSS CEMETERY OR CREMATORY  Cross Cemetery	death occurred on the	In the second haur and the	ounty  12 that (I fram the causes 122. DATE SIGNE 10 19  BLVD.  DATE Arunde	state

DHMH-16 50M 1/B1 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	187	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG	THE RESERVE OF THE RE						
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	2b HOUR	EDIT				
	,	MARCELLU	S E	HE	PPDING	OCTOBE	1987	1 3	S.S. MPIV			
	3 SE)	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIR	HDAY] IF	UNDER TYEAR	IF UNDER 2	MIN.		
		MALE	WHITE	FEB.	22, 1921	66	YRS					
	70 BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH				
)		laryland	UNITED STATES				ARUNDE					
1		GLEN BURNTE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI NORTH ARUN)	ET ADDRESS)	SPITAL.	120 USUAL OCCUPATION OF OF WORK FOR MOST OF SUPERVISOR	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY SHIP YARD				
	130 S MA			WN	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	. 4	Way	2112	12		
)	I4. FA	ATHER'S NAME	HEPPD	ING	15. MOTHER'S MAIDEN NA	WE		ALLE	2			
/		VAS DECEASED EVER IN U.S. AR/ YES, NO ORUNKNOWN)  VES  (IF YES, GIVE  WW	E WAR OR DATES)	S641	EYELYN D. 1	LEPPOING (	SAME A	s 13 A	- E)			
			by one cause per line for (a), (b), D BY  E CAUSE (a) DUE TO, OR AS A CONSECTION OF A CON	UENCE OF	rel ben	ienhago_		BETWEEN O	MATE INTERV	EATH		
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES					
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR				МО [			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFIC		21f LOCATION	CITY OR TO	wn	COUNTY	ST	ATE		
		saw the deceased live on, above, (1) we) (did (did not	tal) attended the deceased from  Ord 19  1) view the body after death.	0.0	nd that (my) (aur) apinian	death accurred on the do	ite and haur a		ha (II )w			
		22b. SIGNATURE	-Au	ú	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAR		22c DATE S	IGNED -	fy		
		CHADLES T	WILL M.D.		CT TAI DIE	845 OAKWOOD	ROAD,	SUITE	204	7		
	23a. B	BURIAL, CREMATION, REMOVAL	73 DATE 23	NAME OF	CEMETERY OR CREMATORY	730 LOCATION	AND Z	OUNIX	61	ATE		
		BURIAL	Oct. 19,1987 6	ILEN HI	AVEN MEM. PARK	< GLEN BURI		VEARUI		MD		
	24. FL	UNERAL DIRECTOR	320	4 Mou	NETAIN RD 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	JRE			
	IYL	CLULLY FUNERAL	HOMES PAS	APENA	· MD 21122	4 U 1007	- Sulle	Con-Man				

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	7	d	9	
				5	

		REGISTRAR				CERTII	ICAIL OF DEATH	REG. NO.							
		EASED NAME	FIRST	N	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR				
	(TYPE	OR PRINT!	ANA	M			1/ECC		10-1	15-87	1230 A M				
	3. SEX	,	NI	RACE	10/.	5. DATE C	T DUDTU	6 AGE (IN YEARS LAST BIR	THOAVI	IF UNDER I YEAR	IF UNDER 24 HRS				
	3. 507	0 1	,	NACE 1	/	MONTH	DAY YEAR	ACE THE TEAMS CAST BIN	HOURS MIN.						
	p 7	TEMALE		Whit	F	12	- 24-1893	1 93	YRS.						
		RTHPLACE ISTATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN		NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OFDEATH	,				
Jan S	C	OUNTRY) Mid		II.S	S.A.	WIDOWE	.1	ANNA AD	ald.	El Pall	11 th				
-	10 CT	TY OR TOWN OF DEA	TH/222.411				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ATION 126 KIND OF BUSINE						
	Ro	LLID	200			STREET ADDRESS)	.1.1-1-	TYPE OF WORK FOR MOST O	F WORKING LIF	FE) INDUSTRY	/				
-	SIM	20 K /YN 171	RAN	PERIO	HN /	MMON	105 LANE	Housewife		Home	Maker				
4	13a S	L RESIDENCE (IF NURSI	ING HOME OR OT		13c CITY OR		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE						
-	Ma	aryland	A.A		Pasad		YES NO K	8596 Main			22				
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA								
4	1	Charles	MIE	DLE	LAS		FIRST N.F.	MIDDLE		CIT CAS					
Carl I						purrier	Margare	ADDRE		Clem	ш				
		AS DECEASED EVER	IN U.S. ARME			SECURITY NO.	17 INFORMANT		.55						
		ES, NOOR UNKNOWN)			215-3	4-9387	Melvin K. He	ss Same a	s 13e						
		18 CAUSE OF DEATH	H :Enter anly	one couse per	line for (a). (	b) and (c).)	0			APPROX	MATE INTERVAL ONSET AND DEATH				
9		PART I. DEATH W.	AS CAUSED	BY:	( 0 .	dieth	elmona	arre	21-						
			IMMEDIATE	CAUSE (a)				An							
				DUE TO, OF		SEQUENCE OF	0.100	Ol Duman	udis	rase					
	941	Canditions, if any, gove rise to imm		(b)	Chi	onici	rosuncio	e rueno m	7						
5		cause (a), stating	g the	DUE TO, OF	R AS A CONS	EQUENCE OF									
	underlying cause last. Due to or as a consequence of the cardiobasular disease														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trans													
13	CATION														
0	AT	19a DATE OF OPERATION 19b. CONDI			TION FOR W	HICH OPERATIO	200 AUTOPSY?	NGS USED							
7	II.			CONTRACTOR OF THE PARTY				YES T NOT	OF DEATH?						
-	CERT	21a ACCIDENT WAS UND	EBIAING [	21b. TIME O	F IN HIRY		1214 HOW IN ILIPY OCCUPI		NO []						
0		OR CONTRIBUTING	ld			H DAY YEAR	ZIL HOW HOOK! OCCOR!	RRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)							
1	CAI	LIF EITHER NOTIFY MEDIC		P./					- 1		E MUNICIPAL STATE				
	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY  OF INJURY  211. LOCATION  STREET  STREET			CITY OR TO	WN	COUNTY	STATE				
	Z	WHILE NOT WH	ILE .	(ALHOME SIK	EET PACTORY, O	PFICE, FARM EIC }	JINEET								
		22a   certify that (1)		attended the	deceased f	rom	1084	10 10	21-	1087	that (I) (wa) last				
							nd that in (my (aur) opinion	death occurred on the de	ate and hou	r and from the	course stated				
		sow the deep ase abave, (1) (we) (d	id) (did nat)	view the body	after death.	7		ocam occorred an me di	THE BING HOU						
33		22b. SIGNATURE	00				A A A A ATTENDING	MEDICAL STAI	ce	22c. DATE	SIGNED				
		/	AC	u			PHYSICIAN X								
	0. 1	224 PHYSICIAN'S NA	ME (TYPE OR P			100	22e ADDRESS GO 6	Hammer	rds !	lane					
			7.FE	NIN	ASA	~	RA	LTO. MO	1.21	221					
	23e B	URIAL, CREMATION,	REMOVAL	23b. DATE		23r NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1 -1		-				
		Buria		10/17/	/87		Park Cemeter	- CATY OR LOWN	0	COUNTY	Md				
	24 51		_	TO/T//	0/	Dondon		У		ID ADIC CICALIA					
	Ge	orge J. Go	once 4	001 Rit	chi e	How Ral	to Md	E REC'D. BY REGISTRAR		Designat					
	~	01000	J1200 T	001 111	orne .	-Pul rar	oo na	1 0 1987	Same?	Marran L.	-				

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT; If them 21 is marked or them 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

T - T- The state of the state o 

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6-	1	3

- 1	1. DECEASED NAME FIRST		MIDDLE	- L	ASI	20 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR					
	(TYPE OR PRINT)		172	114	11		ks	u sh	18 11001					
1	Harold	4 RACE	Ε.	5. DATE C	11	6. AGE (IN YEARS L	AST AIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS					
1				MONTH	DAY YEAR	V. AGE (IN TERMS		MONTHS DAYS	HOURS MIN.					
d	Male 70 BIRTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	0	10-1905	9 BALTIMORE C	81 YRS							
5	New Hampshire	United			NEVER MARRIED		40							
+	10. CITY OR TOWN OF DEATH			WIDOWE HOME C	D DIVORCED DIVORCED	Anne Ar			OF BUSINESS OR					
	Linthicum	19 Lins	tead Rd.	DDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrical Engineer- Engine Sho								
		E OR OTHER INSTITUTION DUNTY	13c CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ncy Ci	DDE / 2109	90					
	14 FATHER'S NAME				15 MOTHER'S MAIDEN N	AME			WHEEL STREET					
	Arthur	S.	Hill		Louella	WIE	DOLE	Manle	ey					
7	160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	,	ADDRESS :	19 Linste	rib.					
Н	NO	, GIVE WAR OR DATES)	087-07-0	093	Mrs. Linda	A. Worthi								
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one couse p	line for (a), (b), and	IC)		A.		APPROX BETWEEN	CIMATE INTERVAL					
1	IMMED													
1		DUE TO, OR AS A CONSEQUENCE OF												
1	Conditions, if any, which gove rise to immediate	(dı		-				-						
	couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUEN	NCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
1														
3	190 DATE OF OPERATION	190 DATE OF OPERATION 196 COND			N WAS PERFORMED	200 AUTOPSY	20b. IF	YES, WERE FINDI	NGS USED					
7	TO DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				25 - V-7	YES NO YES NO NO								
,			FINJURY M. MONTH DAY	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE O	OF INJURY IN ITEM 1	18 PART I OR PART 2)						
	S (IF EITHER NOTIFY MEDICAL EXAM	INER) P.		19										
	Q CCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FAI	RM, ETC.)	21f LOCATION STREET	CITY	YORTOWN	COUNTY STATE						
	ALHON THE ASSOCIATION	D/	1	80	2000		- 11	377	_					
	224 I certify that the ha	Port	e directied from 8	- 1	d that in (my) (our) opinio	in death accurred on	the date and b		that (I) (we) last					
	Doors II (will lead Like	striet the body	ster death		DEGREE	ar decin decorred on	The date and the	22c. DATE						
-	The state of the s	LALX X	AW.		1	MEDICAL DIRECTOR P	STAFF	10	16/27					
7	174 PHYSICIAN'S NAME OF	ri carrinti I	JAM	0	PHYSICIAN PHYSICIAN	SEL DIRECTOR   P	HYSICIAN [	10	110101					
	THE RESIDENCE OF THE PARTY OF T	fiths M.			900 Caton	Ave. Balt	imore.	Md. 212	29					
1	230 BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	23d LOCATION	7							
	(SPECIFY) Cremation	10-17-	-1987 We	estvi	ew Crematory	Westv		A.A.	Md.					
	24 FUNERAL DIRECTOR ROE	ERT S. B.	ARRANCO		25a D.	ATE REC'D. BY REGIS	TRAR 256 REG	SISTRAR'S SIGNAT	TURE					
	SEVERN	AAPARKK N	MDD 2114	66	JAB UU	1.21 1987 Januar 1995								

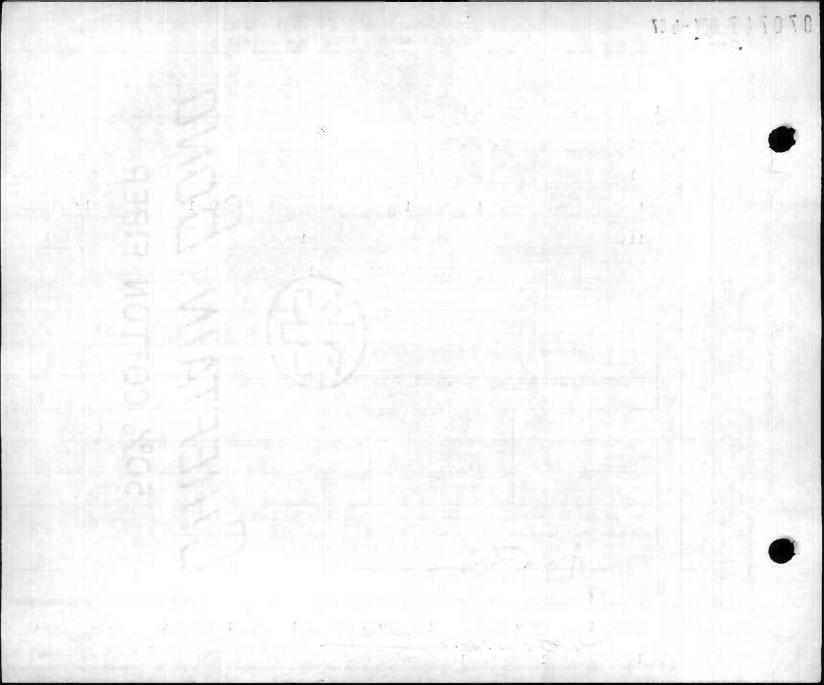
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT, If Item 23 is marked at Item 18 sha

POPERT S EARRA CO SEVENDA PARK ALO CELAG

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	*	T. DE	CEASED NAME	FIRST		MIDDLE			LAST		7a D.4	TE KNOWN		DAY YEAR	ZE HOUR
			PE OR PRINT)									OF ESTI-			18 11001
	ASE DRS. LES.			Davi		Matt			Hoffma			ATH MATED	10 2		^
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	NS TO THE	Ма	le W	hite	Sep 9, 1	939	48 YRS	· mortin	15 DAYS	HOURS		EAD	10-31-	19 87	5:10
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	SHOPE T		DREIGH COUNTRY)						ED X NEVE				3 3 6		
	Z Day		aryland	55.1511	U.S.A.		100110110110	WIDOW		DIVORCE		Anne Ar		County	JM.
9	SHRESHS >	III C	II Y OR IOWN OF	DEATH	11. NAME OF HOS			OR OTH	ER INSTITUTIO	ON	12a USUAL OF	WORKING LIFE)	(TYPE OF WORK	D. KIND OF BU OR INDUST	
الشر	DELAY IS NECESSARY PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BELILED WITHIN 2 HOURS RRD 20 W PRESTON STREET,	Br	ooklyn		6983 Ba	ltimo	ore Anna	apoli	is Blvc	d l	Manag		M	lattres	s Co.
-	ANY DELA AND 3 TO RETAIN PA HOULD BE RECORD!				OR OTHER INSTITUTION, GIV										
21201	Z S L S S		STATE	13b COUN	ARundel		oklyn		YES	NO X	13e STREET AL		Annap	Blud 2	1225
0.5	F A S S		ryland	Aime	ARUITGET	I DIC	OKTÝII			-		arto a	Annap	DIVA.Z.	1227
W	ESTH. IF AN PN 3. VEN NOD'Z SHOU CVIALI REG		FIRST		MIDDLE		LAST		15. MOTHER'	ST	N NAME	MIDDLE		LAST	
er m	A SI PER		William				fman		Hele				В	urkosk	1
MO W	FORM FORM	160.	WAS DECEASED E		MED FORCES? WAR OR DATES)	16b SO	CIAL SECURITY	NO.	17. INFORMA	ANT		ADDR	ESS		
ALTIMORE, MD.	S AFTER GIVE PA GIVE PA GIVE PA GIVE PA WISION	,	No	None		217	.38.433	1	Helen	Hof	fman (	Mother	) Same	as 13	
-	S AF S GIV S GIV S GIV S GIV			-	ly ane cause per line	1								APPROXIMATI	EINTERVAL
1 5			PARTIDEAT	LIMAC CALIEFT	D DV								All the last	BETWEEN ONSE	T AND DEATH
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0	IIITH 24 HO ICIL IN CELLONG NER ALONG KANSTI PERMI TAL HYGIENE, REMOVAL.			if any, which to immediate	(b)										
×.	SA TANK			ating the under-	< , , ,	AS A CO	NSEQUENCE O	F	W-125						
			lying cause	last.											
S, 2	25.00		SANT S CANTO SIGNI		(c)										
RECORDS, 201	DE EXECUTED SENDING IN BEDICAL EXAMPLICAL EXAMPLED AS A BURIAL AND MICREMATION,	1 -	PARI Z UINEK SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT REL	ATED TO THE TERMIN	IAL OISEASE	E OR CONDITION G	GIVEN IN PAR	T 1 (g).				
8	PENDING BE IN PENDING	Ó													
~	L	1	190 DATE OF O	PERATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORM	ED?		The state of		20 AUTOPSY	?
¥	SHOULD ORD "P CHIEF E USED T OF HI	Ĕ												YES 🔯	NO 🗆
DIVISION OF VITAL	m>meZe	CERTIFICATION	210 EXTERNAL	CAUSE WAS	21b. TIME OF			71c. HC	OW INJURY O	CCURRED	) JENTER NATURE	OF INJURY IN ITEA	A 18 PART I OR PART		
0	ENERGE SE		UNDERLYING			MONTH	DAY YEAR								
0	F-05 F-0	MEDICAL	CONTRIBUTING		DEATH P.M.	SE INTUINS	19	1916 104	CATION						
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	EXAMIFICERTIFICE BE DIRECT WARYLAWARYAWARY		death resulted	from: Natu	ral causes 💢 .	Accident	L, Suic	ide	, Hamicid	le 🔲	Undetermine	d manner	١.		
	EXAMI CERTIFIC DIREC (, WITH MARYL			1	OX				TITLE (SPE						
	CAL EXA THE CER SHOULD SHAL DIR SATH, WI		ACTUAL SIGNATURE	nn	NOW.			M.	Deput	ty ch	ief DICALE	XAMINER	DATE	11-1-	-87
	SE S			14	/	1									
	A STATE OF THE STA		EXAMINER'S NA	Ann	M. Dixon	M. I	<b>)</b> .		ADDRESS 11	11 Pc	nn Str	eet Ra	ltimore	MD 213	201
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	72- 0	SURIAL, CREMATIC		The second second second	the same of	NAME OF CEM				123d. LOCATIO		TCHIOLC,	111/ /.1/	W.L
		130.6	SPECIFY)								CITY OR TOW	'N	COUNTY		STATE
07/84 25M	BP	-	Buria		Nov 3,198	/ G.	Len Have	en Me							id.
ZOM	DHMH - 17	74. F	UNERAL DIRECT	HI	Ums	m			250	O. DATE R	EC'D. BY REGI	1	EGISTRAR'S SIC		
	(VR A15 ME (5))	Si	ingleton	Funeral	H ome, G	len H	Burnie,	Md.		NUV	03 198	37 /	lia Demoss	n. Konda	LL.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 spould be filled without 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

Dugited opport

milehbe

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be 7

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physicion.

BP.

DHMH - 16 50M 1/8 (VRA 15, 4)

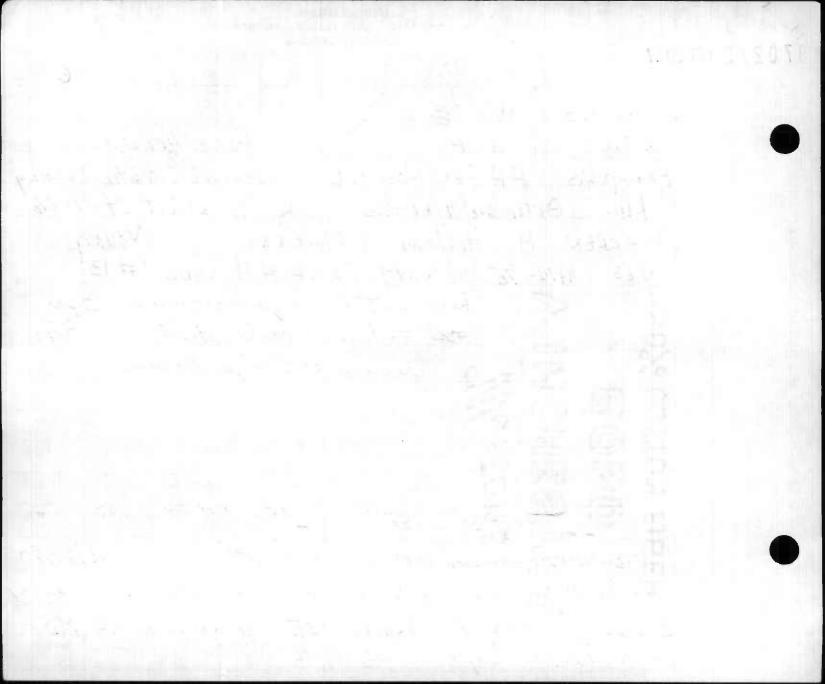
## STATE OF MARYLAND

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1792

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		1192
20.0				REG. NO.	
	GEASED NAME FIRST	MIDDLE	1 6 1 0	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5
2.00	WIII	am Roy	Holland.	6. AGE (IN YEARS LAST BIRTHDAY)	OLO O O O A
3. SEX	nante	RACE	S. DATE OF BIRTH	34	MONTHS DAYS HOURS MIN
7a. BI	RTHPLACE (STATE OR FOREIGN ) 76	CITIZEN OF WHAT COUNTRY?	06 10 00	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	COUNTRY	1100	MARRIED NEVER MARRIED WIDOWED DIVORCED	HOLLIE HOU	WIDEL "
10,51	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	Ma. USUAL OCCUPATION DEPPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O
14	NNApohis !	HH (FEW HC	Spital (	TENERAL CONTE	Roter Buchoin
13a. S	AL RESIDE NCE IN NURSING HOME OR OF	THER INSTITUTION GIVE RESIDENCE BEFORE AD 13. CITY OR TOWN	DMISTON) 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS . +	ct 21666
14. FA	ATHER'S NAME	DDLE // /AST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
YL	NAPPEN F	1 HobbANi	MAXINE		YOUNG
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) IF YES, GIVE W		19 DEBEA A	Holhaud /	# 13
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED ( IMMEDIATE (	~ U = 13001	ent Ewing's	Sarcome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO		X Renseive Me ace of ecurent Ew ATH BUT NOT RELATED TO THE TERM	deaption of ings Baren inal Disease or CONDITION G	3 GV
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI	211 LOCATION	CITY OR FOWN	COUNTY STATE
3	sow the deceased alive on above, (I) (week (III) (did not) v	oct 27 19 8		, to Oct 28 deoth occurred on the date and ho	ur and from the couses stated
	100	harlsen. M. C		MEDICAL STAFF DIRECTOR PHYSICIAN	10/29/8
	CHARY M. RIC	1 1. 1. 0	104 FOR bes ST	treat Ann	4polis, md.21
230 B	BURIAL, CREMATION, REMOVAL SPECKY)	236. DATE 10/30/87 14AL	WAND LET	POWNSULLE	COUNTY HOSTATE
24 FI	WERAL PIRECTOR	Chan & ANDRESS	nna polis 14 00	RES DBY BE BY RAR 250 REGI	STRAR'S SIGNATUR



# STATE OF MARYLAND

070386 NOV	15	STATE		DEFARIM		CATE OF DEATH	REG. NO	Ena /	EDT				
	I. DE	CEASED NAME	FIRST	MIDDLE	L/	AST .	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR				
oy be oge 3 deoth				H		PHREY	OCTOBER	24 1987	445	AM			
for. p	3 SE			RACE CAUCASIAN	J. ANTH		6 AGE (IN YEARS LAST BIRTHDAY)  6 5		UNDER I YEAR OF UNDER 24 HRS				
merol direct in 72 hours		RIHPLACE (STATE ORFO	REIGN 7	U.S.A.	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	Anne Arundel County						
t hours often		ty or town of DEAT nnapolis	H 1	1. NAME OF HOSPITAL, NURSING	ROTHER INSTITUTION	(TYPED OF ENDINESS OR INDUSTRY							
24 hour filled in told be told		AL RESIDENCE (# NURSIN	IS HOME OR O	ARUNDE L36. CANNAPY	DLIS	136 INSIDE CITY LIMITS?	138 STITLET APPRESS	EDMONDS	PLACE				
and ship		THER'S NAME BORÁ	G."	HYMA'N	MEDDLE SPINX LAST								
n and co	16a V	VAS DECEASED EVER II	DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 579-14-0381 JAMES I HUMPHREY JR. SAME AS 13E										
quires that the death certificate signed by the attending physici hen please remove carbon paper to burial, cremotion, or removal. iury, or other froumatic event, the	NO	Conditions, if ony, gave rise to imm couse (o), stating underlying couse	DITION GIVEN IN	APPROXIMATE INTERVINE BETWEEN ONSET AND D	EATH								
The low required to be not set hos been sit permit T sit permit T shows ony in	CERTIFICATION	19a DATE OF OPERAT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO										
PHYSICIAN: The trending physicion or this certificate he buriol-tronsit and Mental Hygie and Mental Hygie and Control of the Art of	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEAT ALEXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	19	216. HOW INJURY OCCURR	CITY OR TO			ATE			
attenDINC spital or a CTOR: Afte for use as of Health		220 I certify that (I) ( saw the decease	this hospited	view the body offer death.	700	d that in (my) (our) opinion of	, to	ate and hour and	, that (I) (w				
SPITAL OR A by the host by the host be detached be State Dept. TANT: If them		276 SIGNATURE	The.	arply my	,	ATTENDING PHYSICIAN	MEDICAL STAI	F	10-22	47			
P H th		HYLAR		HERLIHY M.D.	spice	325 HOSPITA	L DRIVE BAI						
PP	23o E	Burial, CREMATION, F Cremation	EMOVAL			EMETERY OR CREMATORY OLITAN ALEX	236 LOCATION CITY OR TOWN ANDRIA FA	TREAY	21061 IRGINIA	ATE			
DF		or chiacron		TO-CO-OF ME	THOT	ADTIVE WILLY	HIDRIA LA	THINY	THOTHTH				

DHMH - 16 50M 1/81 (VRA 15, 4)

ROBERT E EVAND ANNAPOLIS Md OCT 30 1987 Julia Director

325 HOSPITAL DRIVE BALTIMORE, WARLAND

21061

			STATE	WN #87-			MENT OF		AND ME	NTAL HY		7	2	7 -	7 9	4
690	7 9 ncr	T DE	REGISTRAR CEASED NAME NOR PRINT)	Marshall		MIDDLE	EXAMIN	LA	sr	ATE OF		DATE KNO	WN 🔯	MONTH	DAY YEAR	Zb HOU
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-	TY OR TOWN OF DE	ATH I	1. NAME OF HO	SPITAL, NU	RSING HOME	OR OTHER	RINSTITUTI	ON I	2a. USUAL		ON (TYPE OF		OR INDUSTR	SINESS
	AL AL		napolis		Anne A	runde.	l Gener		sp. 1	DOA)		mer		A	gricult	ure
21201	经验		TATE MD	Calve		13c. CITY	OR TOWN  NKirk	13	36. INSIDE CIT	P LIMITS? 1:	3e. STREET 1237	ADDRESS 5 Vanc	ous Ro	1/207	754	
MD	A STATE	M E	ATHER'S NAME		MIDDLE		LAST	1.	FIR			WIDDLE			LAST	
ORE	ASSESSE.	160 \	Walter	PINITS ADAG	C.		NKINS	NO II	Le	anna		Δ.Γ	DDRESS	Est	ep	1
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15 T	MA 18 WE DE	5	18 CAUSE OF DEA	WAS CAUSED B	SY:		ond(c).)	uries		F)					APPROXIMATE BETWEEN ONSET	INTERVAL
PRESTON	N N N N N N N N N N N N N N N N N N N	/	8159		CHOOL (O)		SEQUENCE (						3611			
	WITHIN 24 AINER ALC TRANSITP VITAL HYGI		Conditions, if gove rise to	immediate	(b)											
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RECORDS,	SHOULD BE EXECUTE SPE "PENDING" IN CHIEF MEDICAL EX CHIEF MEDICAL EX CHEALTH AND ORIAL, CREMATION	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO OFAT	H BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE O	R CONDITION	GIVEN IN PART 1	1 (6).					
L REC	PENDING BE	MEDICAL CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR	WHICH OPER	ATION WAS	SPERFORM	ED?					20 AUTOPSY?	,
MITA	SHORE	1 1													YES 🔀	NO [
DIVISION OF VITAL	CERTIFICATE SHOULD RITING THE WORD "PER DED TO THE CHIEF ME AS SHOULD BE USED A BE DEPARTMENT OF HEAD IP PRIOR TO BUTAIL, C	l G	UNDERLYING	OR	HOUR A.	M. MONTH	DAY YEAR				All and	RE OF INJURY IN				
SIO	SHOOT SHOT SH	DICA	CONTRIBUTING 216. INJURY OCCU	*		OF INJURY	LO- 1987	21f LOCA		t or a	auto/	fixed	opje	ct ir	npact.	
DIV	WEITING CHANGE 3	1×	WHILE NO.	T WHILE WORK	STREET, FA	ad ad	TC )	Rt.	258 &	794	Cr	NWOT RO Y	Anı	ne Ai	rundel,	MD
	SES SES		228 I certify that	t I took charge o	of the remains de	escribed obo	ve, held on	Autopsy	X,	Inspection [	□, i	nquiry .	, ond in	myopin	ion	
	AMMIN SECTION OF THE PROPERTY	4	death resulted from	m:/  Noturol	couses .	( acident	1	ide []	Homicio		Undeterm	ned monner	□.			
	ATHE CALL		ACTUAL SIGNATURE	MAN	NO F	Tall	le A	12/40	ASS15	treat	MEDICA	L EX AMINER		DATE	10-11-8	37
	WE WE WAS	7	EXAMINER'S NAME	Mario	F. Gol	le, Jr	., M.D	• ΔΓ	DDRESS			St., B			200	99
07/B4	BA TA A TA	23a.B	URIAL, CREMATION, PECIFY) Burial	REMOVAL 23b.		23c. N	NAME OF CEA Outhern	ETERY OR	CREMATOR	RY	23d LOCA Dunk	TION	C-1-	COUNTY	MD ST	ATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	NAME Rauso	h Funer	al Home	owin	ngs, MI	207	36	a. DATE		951887	REGISTR	AR'S SIG	NATURE Born Rand	lace

- wander V

(21225)

069097 093597

VEYE ARTHUREL CORNTY

0.30 HBR 20, 1997

GLEN BURGEE NORTH ARBIDGE, HOSPITAL

ALL TREADS, ASSETTED

SZS HUSHITAL DRIVE CALIN BERNIE, MARYLAND 21061

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

16000 Annapolis Road 20715-3043 NOV ( Beall Funeral Home

Metropolitan Crematory Alexandria,

30 OCT

REGISTRAR 256 REGISTRAR'S SIGNATURE

Fairfax,

COUNTY

22c. DATE SIGNED

Oct. 30, 1987

2b. HOUR

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STATE OF MARYLAND

169938	00	T 2	8	STATE REGISTRAR	DE	CERTI	ICATE OF DEATH	REG. N	0.		
				CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
9 p	death		,,,,,	Kobert	>	K	elev		0 23	87	12:30Pm
DE O	ter		3. SE		4 RACE	S. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR	IF UNDER 24 HRS
4 6	urs af			Male	White	Oct	ober 3, 1921	66	YRS.		
9 5 E	S Po	1	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? II.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF D	EATH	
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he fu	Fied Fied	-3		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	E STREET ADDRESS)		12a USUAL OCCUPAT		KIND O	F BUSINESS OR
201 0 201	- E	5		Innapolis	Anne Arund	el Gener	al Hospital	Foreman		Cons	struction
to 21	old be	5	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	NTY 13c. CITY O	RTOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	- CI A	, m.	07 1.07
rLAN hin 2	Shot		_	THER'S NAME	A.A. Ailla	polis	YES NO	124 Hear	ne Ct. A	pt T	21401
MAR)	200	0		FIRST	MIDDLE LA	51	FIRST	MIDDLE		LAST	
RE,	100	T		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	Linth	icum, Md	27.09	90
BALTIMORE	g B	/		YES, NO OF HINKNOWN   (IF YES CI	WIII 185	-18-1445	Debbie Ever	ett 417 Gro	ve Ridge	Ct	, ,
JAK SALI	1			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a),	(b), gnd (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
- V	20				:D BY: TE CAUSE (o)	Mayure	CVA				
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4 4	1			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	,		- 1-9		
thot thotal	lease iol, c			underlying cause last.	( (c)						
DS, 20 quires	hen p		Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1(c	31
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirentending physicion. When this certificate has been sig	orior		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	RE FINDIN	IGS USED
he lo	t per	7	Ţ					YES NO	IN CERTIFYING YES	CAUSES	NO [
VIT N: T	Hygin B	5	E E	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I O	R PART 2)	
OF OF STATE	ntol me	7	¥.	OR CONTRIBUTING CAUSE OF DE	NIO 1	19					
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TTER	of H			saw the deceased alive or above, (1) (we) (did) (did no	n ot) view the body ofter death.	_19, o	nd that in (my) (our) opinion	death occurred on the d	ate and hour and	from the	couses stated
DR POINE	ched Sept.	•		226. SIGNATURE			DEGREE	Paris Table		224 DATE	SIGNED
A the	deta rote [			8/	Furlow		M) ATTENDING PHYSICIAN [	MEDICAL STA	IANK	Oct	23,87
SPIN P	41 10 2	7		224. PHYSICIAN'S NAME	Service Contract Cont		228. ADDRESS	1 1	0	1	1,7
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7 - 1	vi s <u>≤</u>		23a	BURIAL, CREMATION, REMOVAL	The state of the s		CEMETERY OR CREMATORY	23d LOCATION	_cou	NTY	STATE
BP				Burial	10/24/87	Md Na	tional Mem Pk	Laurel	P.C		Md
DHMH - 16 (VRA		1	24. F	eorge J. Gonce	4001 Ritchie	Hgwy Bal	Lto Md	TE REC'D. BY REGISTRAN	256. REGISTRAR'S	SIGNAT	andalls.

VIC.D - 68830

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oth. Pog	C	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	XXX EVER	MARRIED	9 BALTIMORE CITY O			MD.
ofter de ofter de withing ed with	10 CI	TY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN HEACILITY, GIVE STREET Lastport	IG HOME C	R OTHER INS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF DOMESTI	ION OF WORKING LI	12b. KIND C	OF BUSINESS OR
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IVISION C Offending offer this cer s the body offer don't	MEDICAL	21d INJURY OCCURR	RED	21e PLACE		FARM, ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
TTENDIN pitol or TOR. Af for use o of Health		22s. I certify that (I) saw the decease above, (I) (were	d olive or	- El	7 19_	47.0	nd that in (my)	) (aur) opinion	death accurred on the c	late and ha	us and from the	that (II ( <del>we</del> ) lost couses stated
TALOR A y the hos RAL DIRECTED detoched out Dept.		22b. SIGNATURE	· C.	loans	- M		DEGRÉE	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	22c DATE	SIGNED/
TO HOSPITAL retorned by the TO FUNERAL should be detained by the Store with the S		DONALD	C .	ROBET	A-D.		22e ADDRES 16/6	FOREST	- onie	may	so tis	21403
₽P		SURIAL, CREMATION,	REMOVAL	236 DATE 10-24			EMETERY OR WN MEM		23d. LOCATION CITY OF TOWN	ประ	COUNTY	State Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	WI.	UNERAL DIRECTOANS	napol	is, Md.	21401 <sub>DRESS</sub>			25e DAT	T 23 1987	A REGIS	TRAR'S SIGNA	UR

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTA	LHY
CERTIFICATE OF DEATH	

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR

9

REGISTRAR REG. NO I. DECFASED NAME 20. DATE OF DEATH FIRST MONTH 2b HOUR (TYPE OR PRINT) 945/ 140 1.5FX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS 1906 UC. To. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN NEVER MARRIED rainia WIDOWED DIVORCED [ MD. 10. CITY OR TOWN OF BLATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE-OF WORK FOR MOST OF WORKING LIFE) TNNAPOLIS Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 1006 WILL COUNTY 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NOF LEATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE Harri ramev 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Sameas LIF YES GIVE WAR OR DATEST 世13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: YOUENES VAR, AUREL VEUMONIA IMMEDIATE CAUSE 10 DUE TO, OR'AS A CONSEQUENCE OF MONTH DEBILITY Canditians, if any, which NERAL gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause BRAIN SYNDROME, CHRONIC PGANIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ATHEROSCLEROSIS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220 I certify that (1) (this harpital) attended the deceased from Oct 26 saw the deceased alive an\_ and that in (my) four apinion death accurred on the date and hour and from the causes stated above, (1) (westerd) (did not) view the bady after death DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS INZER ANNAPOLIS 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION

Chapel- Annapolis, mi

BP DEMAN - 15 60M 7/84 (VRA 15. 4)

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24 FUNERAL DIRECTOR

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LORD P KRANEK CONSESSES SELISTED MART CAUSE SEPT 2, 1906 81 MIRE And American AND AND FOR CITY AND HORSELL TTOREN LANGED-CARLY A DISTRICT THIS I'VE WARE THAT I'VE A

Charles W. Kinter D. D. Armeren Marketon

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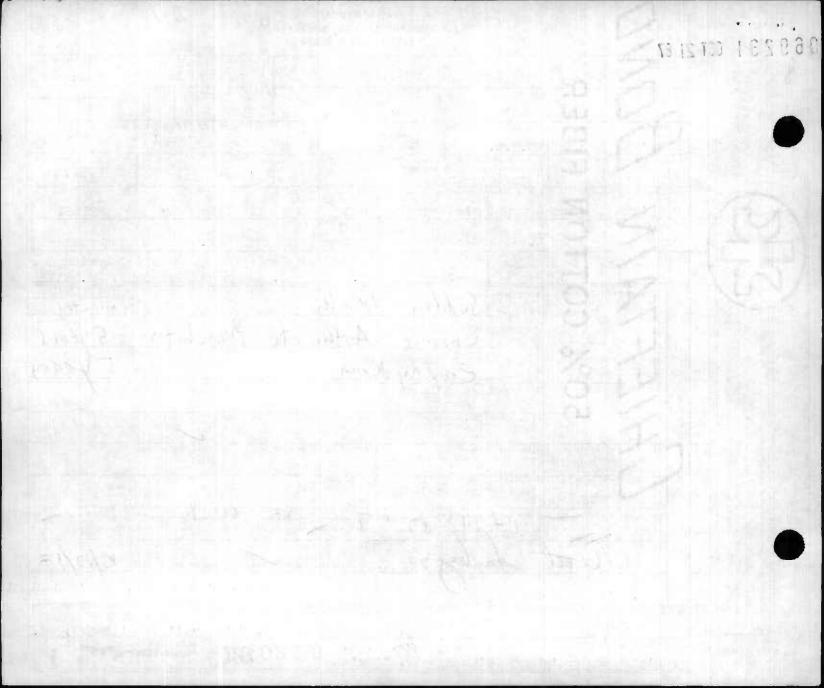
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CT	- STATE	RAR		DEFARI		ICATE OF DEATH	REG.	NO.		
	I DECEASED I	NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1100	, , , , , , , , , , , , , , , , , , , ,	ROBERT	L	EO	LANCA	STER	October	16,	1987	6:00 P
	3. SEX	State of the last	4 RACE		5. DATE		6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
	M	lale	White	9	Nove	mber 11, 1932	54	YRS	MONIHS DAYS	HOURS MIN
3/	7a BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		Y OF DEATH	
1	Maryla	nd	U.S.A.			D NEVER MARRIED	Anne A	rundel		
0	-	WN OF DEATH			WIDOWI NG HOME (	DR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	12h KIND (	OF BUSINESS C
	Glen B	urnie	(IF NOT IN SUC	CHEACILITY, GIVE STREET	ADDRESS)		Electric:	I OF WORKING	A IDIOTON	
0	USUAL RESIDE	NCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR			1			
25	Maryla		ounty ne Arundel	Glen Bu		13d INSIDE CITY LIMITS?	13e STREET ADDRES			21061
2	14. FATHER'S N					15. MOTHER'S MAIDEN NA	ME		- 11/1	
27/	James	RS1	E.	Lancast	er	Emma	MIDDLE E.		McKe	nzie
8		ASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INTEGRALANT		RESS 26		
nedi	NO OR		GIVE WAR OR DATES	220-28-9	227				15 Chad	
the n						Mr. Robert D	. Lancaste	<u>rasa</u>		OMATE INTERVAL ONSET AND DEATH
ent,	PART	I. DEATH WAS CA	r only one cause per USED BY:	line or tal, b fan	id ic	Death				.1 .
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ofic			DUE TO, O	R AS A CONSEQU	ENCE OF	1.11 +	ha a	11.		
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jury		OTHER SIGNIFICA	ALCONDITIONS C	UNIKIBUTINGTO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CC	NDITION GI	IVEN IN PART T	1
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S O	S IN DAIL	OF OFERATION	140 COND	IIION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERT	IFYING CAUSES	
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E-7	₹	R NOTIFY MEDICAL EXAM		M	19					
ö	21d INJ	JRY OCCURRED	21e PLACE	OF INJURY	CARAL ETC.	211 LOCATION STREET	CITY OR	town	COUNTY	STATE
ked	AT WORK	NOI WHILE	JAI HOME SI	REEL PACIONY, OFFICE	PARM EIC J	3,110,0				
E D	22 g. 1 ce		aspetal) attended th	e deceased from	4	1 day 10 87	10 Oct	16	10 87	that (1) (me) la
1.5	sow	the deceased alive	on Oct	14 198		nd that in (my) (one) opinion	death accurred on the	date and ha		
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F 5	220. SIG	NATURE	A- 1	1- 1		DEGREE ATTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED
IMPORTANT.		cuco	a so	200	0		DIRECTOR PHYS		NI	11/17
TA /	22d. PHY	SICIAN'S NAME (T	PE OR PRIMI	()		22e ADDRESS	D			7 . 7 .
og /	DR .	Elliott	Gorbaty			7845 Oakwood	Road, Gle	n Burn	nie, Mar	yrand 2
3		REMATION, REMOV		23, 1	NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	SPECIFY	Cremation	Octobe	er 17.			CITY OR TOWN	1 7 7	COUNTY	STATE
-	04 5111 150		198	37 S		ty Process, In				
A 7/B4	24 FUNERAL D	DIRECTOR		1 Second		11131.2	E REC'D. BY REGISTRA	R 25b. REGIS		LUBE .
1)	Singlet	on Funera	al Home	Glen Burn	ie, M	aryland Pila	KITAGE (	And desired \$1		1

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



ECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 we requires that the death certificate be executed within 24 hours been signed by the attending physician and completely filled in the filler of the please remove carbon papers. Page 3, and 2, should be prior to burial, cremation, or removal.	TIMORE, be execut on ord co s. Pogest	MARYLAND 21, ed within 24 hour projectly filled in and 2 should be showed the	AND 21		1 1 1	ih. Page 4 may be tol director, page 3 2 hours after death	frer d	e e e	070807 NOV	
CATION		14 FA	130 S MA			MAI	3. SE>	1. DEC	4 8	
Conditions, igove rise to couse tot, underlying  PART 2. OTHE	VAS DECEASED	THER'S NAME	RYLAND	GLEN BL	RYLAND	RTHPLACE (ST	(	CEASED NAME OR PRINT)	FOR TATE REGISTRAR	

# STATE OF MARYLAND

DEP	CERTIFICATE OF DEATH	REG. NO.	13	EST
	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	LANE	OCTOBER 25	. 1987	640 A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER - YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR 7 4 1915	72 YRS.	MONTHS, DAYS	HOURS MIN

**JOSEPH NMN** 4. RACE BLACK 76 CITIZEN OF WHAT COUNTRY? PLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED XXX DIVORCED YLAND U.S.A. ANNE ARUNDE COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LEN BURNIE NORTH ARUNDEL HOSPITAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e. STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? YLAND GLEN BURNIE NO [ 7840 YES [ A.A. FR'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST MARTHA LLUIS LANE TOOGOOD ADDRESS -S DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17. INFORMANT Dalta 3/1.2

(	YES, NO OR UNKNOWN)	( IF YES, GIVE WAR	OR DATES)			DIANNE E		AL 16	_		t	
	18 CAUSE OF DEATH PART I. DEATH W.	(Enter only on AS CAUSED BY:	e couse per l	Empl	ond (CI)	na will	2 Ro	Sid &	nfor	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which fediote g the	DUE TO, OR	AS A CONSEC	LIP fu	1001000	Dep.	Ge		er		
ATION	PART 2. OTHER SIGN	G/87		ntributing to			HE TERMIN	AL DISEAS	E OR CON	DITION GIVEN	IN PART III	ire 7
2	190. DATE OF OPERAT	ION	196 CONDI	ION FOR WHI	CH OPERATION	N WAS PERFORMED		YES	NO [	20b. IF YES, W IN CERTIFYIN YES [	IG CAUSES	NGS USED 47 OF DEATH?
CAL CERTII	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH	11b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTERNA	ATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
MEDI	21d. INJURY OCCURR	ILE D	PLACE C	OF INJURY ET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET			CITY OR TO	wn .	COUNTY	STATE
	22a.   certify that (I)	(this hospital) o	ttended the	deceased from	n_ C	2 19	5-7	_, to		25 19.	8-7	that (Ir (we) lo

saw the deceased alive an deceased alive an abave (H) (we) (did) (did not) view the body after death. , and that in (my) (an) opinion death occurred on the date and hour and from the couses stated 77h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 27e ADDRESS 274 PHYSICIAN'S NAME LIVE OF PERIL

MIDDLE

FIRST

ANNAPOLIS BLVD

Th. DATE SJONED

Tioidern-Randal

STATE

23e BURIAL CREMATION STATE CITY OF TOWN COUNTY BURTAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos should be detoched for use as the buriol-transit pewith the State Dept of Health and Akental Hygiene

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If Reen

MPORTANT

ATTENDING PHYSICIAN: The ottending physicion

HOSPITAL

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PARTON STORY STORY NEEDE

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000000	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifice and the properties of the death. Page 4 may be retained by the hospital or antending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician by the physician by the ottending physician by the otten
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069492 OCT

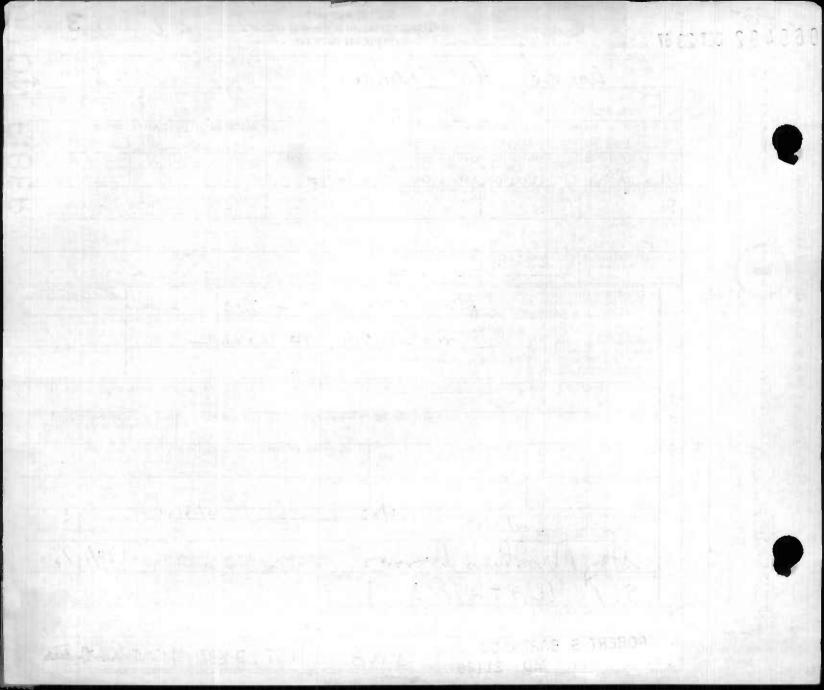
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

2 / 3

2	87	FOR STATE REGISTRAR			EALTH AND MENTAL HY	REG. NO.	d 0 3
		CEASED NAME FIRST OR PRINT) LOWS	e H	Kani	45		3-8 14 AN
	3. SEX	emale	White	5. DATE O	DAY YEAR	83 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS
3	V	RTHPLACE (STATE OR FOREIGN INTERVIOR IS TO INTERVIOR INTERVI		State SVIDOWE		BALTIMORE CITY OR COUNTY	OF DEATH MD
3	Oli	TY OR TOWN OF DEATH	Clup UN	Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION STYPE OF WORK FOR MOST OF WORKING LIFE Teacher	126. KIND OF BUSINESS OR INDUSTRY Education
	Md Md		NTY 13t. CI	TY OR TOWN TOOLd	13d INSIDE CITY LIMITS? YES NO 🔀	136 STREET ADDRESS / ZIP CODE 1002 Forrest Dr	. / @1012
2	Не	THER'S NAME enry Ward Beech		LAST	15. MOTHER'S MAIDEN NA	Eugenia	LAST
		VAS DECE ASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1-48-6836	Mrs. Barbar	a Russell (same as	
		IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for ED BY: TE CAUSE (o)	CAN CAN	UNOMA -	SITE UNFNOW,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF CONSEQUENCE OF		LIVER_	N IN PART 110
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
2	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJI (AT HOME, STREET, FACT	URY FORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hasp saw the deceased alive or above (II) we) (did) (did no 22b. SIGNATURE		19, on		death occurred on the date and hour	
1		22d. PHYSICIAN'S DAME (TYPE	woltum	hosp	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	10/13/8
/		5, 1, 2	UATKI		51 Frankli	n St. Annapolis, N	Md. 21401
	В	URIAL, CREMATION, REMOVAL SPECIFY)	10-15.199		ord Cemetery	Petersburg Cit	
8	SI	EVERNA PARK	ARRANCO MD 21146	ADDRESS J.A	- 00	TEREC'D. BY REGISTRAR 25 REGISTR	AR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

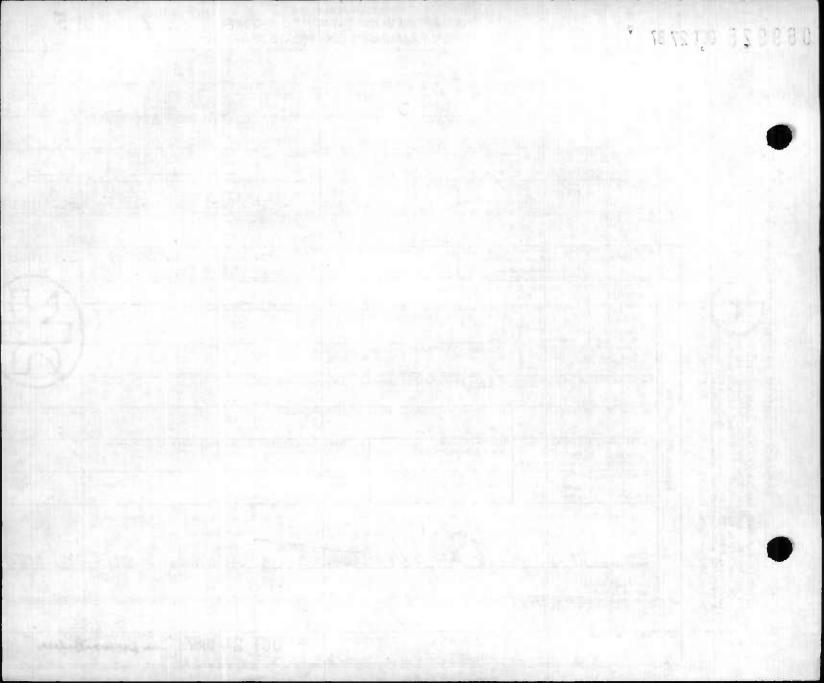
BP.



6	1	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	27804
070983 NOV	18	GABED NAME FIRST Helen		La Porte	20 DATE OF DEATH	10 -30-87 4 30 AM
Application of the state of the	3 SE	Female	White	5 DATE OF BIRTH  MONTH  6 - 20 - 189 3		MUNINS DATS HOURS MIN.
4 163		Indiana	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne	MD.
1 190		ieverna Park	Meridian	Nursing Center	TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY
135	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	13c. City OR TO	OWN PORT 13d. INSIDE CITY LIMITS?		Arnagolis Blvd.
Daz		Robert	E. Lee	15 MOTHER'S MAIDEN N	WIDDLE	so-le
TOWN THE PROPERTY OF THE PROPE		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE	7-9580A Robert	J. La Porte	- Severna Park Midul
o physics on paper ensoyed, event, th		18 CAUSE OF DEATH (Enter one PART I. DEATH WAS CAUSED IMMEDIAT	ly one couse per fine for 10), (b) DBY.  E CAUSE (a) Corell	no vascular ac	redent	APPROXIMATE INTEREST BETWEEN ONSET AND DEATH
W. PRESTON on the about ce by the otherdist site remove control other troustotte		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE TO, OR AS A CONSECUTION OF THE TORSE OF T	sclerotic diser	se	
RDS, 201 reputes to Then ples to buring	N O	PART 2 OTHER SIGNIFICANT C		ODEATH BUT NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN IN PART I 10
A STATE OF THE PARTY OF THE PAR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SCIAN, T SCIAN, T Serticore molitromi molitromi molitromi		21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)
WISION Offerfice offerfice the bud he bud he don't	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	ZE, FARM ETC)	CITY OR IC	OWN COUNTY STATE
STENDS AND STATE OF S		27a. I certify that (I) this hospit saw the deceased give an abave, (I) (we) (did) (did not	10/11		n deoth occurred on the d	ote and have and from the couses stated
ZAI DIE		226 SIGNATURE / MMW	s Walshin		MEDICAL STA	10/30/87
TO HOSPITAL etoined by the TO FUNERAL should be deta with the Store MAPORTANT:		THOMAS U	LACSH MD	780 Ret	chie Hwy	1 Severna Park Ma
BP		BURIAL, CREMATION, REMOVAL Cremation	236 DATE 2.	Cedar Hill	Suttan	
DHMH - 16 60M 7/B4 (VRA 15, 4)	14	bineral director	Chapel Ann	,	OV 5 1987	236 REGISTRAR'S SIGNATURE

**DHMH** = 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE OF THE PROPERTY OF THE PROP 8728 Liberty Road Randallstown, MD.



death. Page 4 may be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

	E	DI	•
2b	HOUR		_

		EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH (	DAY YEAR	2b HOUR	
	[ TYPE	GRA	CE	DAI	RLENE	LEC	KY		OCTOBI	ER O	8, 1987	1023 4	
	3. SE)	(		4 RACE		S. DATE O			6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
	I	FEMALE		WHI	re	JAN.	16, 1929	EAR	53	YRS.	AUNTHS DAYS	HOURS MIN	
5		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRI	#FD []	BALTIMORE CITY	OR COUNTY	OF DEATH		
	Io	Wa		U.S.A		WIDOW			AND IT ADID TO THE COURT OF				
r	10 CI	TY OR TOWN OF DE	ATH			NG HOME (	OR OTHER INSTITUTE	ION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR	
		GLEN BUR	NIE		TH ARUNDE		PITAL		Homemaker	Own H	ome		
100		AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFOR		134, INSIDE CITY LIV	MITS?	13e STREET ADDRESS				
		Md	A.	Α.	Crofton		YES NO	_	1700 Saxor	y Plac	ce 21	.114	
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAM	MIDDLE	MIDDLE LAST			
	-	eorge	W.		Taylor		Mart	tha			Jnknown		
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	JRITY NO.	17 INFORMANT	(Hush	oand) ADDR		e as #1	3	
	n	0	n/a		485.26.0	0486	Mr. Ralp	h E.	Lecky, Sr	·			
		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b), ar	id (ci.) Z	0	1. 1	·M		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PARTI. DEATH V	E CAUSE (a)	HUNCI	1	newhan	114/1	WIM		19	164.0		
					R AS ACONSEQU	ENCE OF	01.	nt			6	26, 64	
		Canditians, if any		(b)_	(hot)	121	myn	VI °	~ '		1	210	
		gave rise to im cause (a), stati	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF							
	underlying cause last			( Ic)									
	z	PART 2 OTHER SIGNIFICANT COND		CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	ADITION GIV	EN IN PART 1	a	
7	ATIC	190 DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	0	200 AUTOPSY?		S, WERE FINDI		
7	CERTIFICATION								YES NO		YING CAUSES	NO [	
5	CER	21a. ACCIDENT WAS UN	_			AV VEAD	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART ( OR PART 2)		
	AL	OR CONTRIBUTING			M. MONTH D	AT TEAK							
	MEDICAL	214. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		CITY OR T	OWN	COUNTY	STATE	
	¥	WHILE NOT W	HILE D	(AT HOME ST	REET, FACTORY OFFICE	FARM, ETC.)	SIREET	04	111	+	()		
		22a.1 certify that (I	) (this haspi	tal) attended th	ne deceased fram.	1	20 19	,01	, ta	0	19	that (I) (we) last	
		saw the onceas	ed alive an	(0)	ofter death	7.0	nd that in (my) (our)	apinian d	eath occurred an the o	date and hau	ir and from the	causes stated	
		226 SIGNATURE	did) (did no	(i) view the body	oner degree		DEGREE				22c. DATE	SIGNED.	
		MIG	. //	1 Min	JATA	1	ATTEN	IDING A	MEDICAL STA		10.	4-41	
-		22d. PHYSICIAN'S	KWE LIANEO	R PRINT	1	>	22e ADDRESS		25 HOSPITA		E CHIT	TE 208	
		LITTAD	VT	OUEDI III	VIII		CIE		RNIE, MARY			.L. 200	
	23a F	HILAR BURIAL CREMATION		OHERL TH		NAME OF C	EMETERY OR CREM		1234 LOCATION		1001		
		SPECETY Burial			4,1987 Ні	.ghlan	d Mem. Ga:	rden	DesMoines	3 ]	Polk	Iowa	
		JNERAL DIRECTOR	4/1	8//20	Len			250. DATE	REC'D, BY PEGISTRA	R 256. REGIST	RAP'S SIGNA	Type dall	
	9	ingleton :	Funera	al Home	Glen Bur	nie,	Md. 21061	Ul	1 1 2 1301		" . Turada A	- A.	
		, , , , , , , , , , , , , , , , , , , ,						1					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital or attending

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

GLISS BURNIES NORTH ARRESTS HOSPITAL

YALDER TAKE

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njury, or other traumatic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use os the bundletransis or mit. Then place may with the State Dept. of Health and Mential Hypirian error to busine it comes IMPORTANT. If them 21 is moved or litting.

TO HOSPITAL OR ATTENDING PHISE retained by the hospital of attending

BP.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE	DEP		LTH AND MENTAL HY	GIENE	2 1 3	3 0	7
17	2 PEGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO	D		M . (4)
I DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
	E OR PRINT)	WArd Eddi	e Le	e, Sr	0	20181	987	A.M
3 SE	MALE	4 RACE	5. DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS	DAYS HOL	NDER 24 HRS
70 B	IRTHPLACE ESTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	28 1892	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
, ,	COUNTRY) NA 3	U.S. A	MARRIED [	NEVER MARRIED DIVORCED	A, A			MD.
0 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR C	THER INSTITUTION	120 USUAL OCCUPATI		KIND OF BUS	SINESS OR
H	NNAPOLIS	29 W. Was	hungton:	st	7	clay	OSIKI	
13a.	STATE 13b COU		TOWN 130	INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2.140	01
M F	ATHER'S NAME	H I'/NN	TIGGALS.	MOTHER'S MAIDEN NA	AME WOWAS	rung kn	50   1	
1	Eddio.	Les Les	2	SARAL	WIGGLE	PA	-Ke-	
Tão '	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17	INFORMANT	ADDRE	SS	i de la constanti	
	yes 1917	-WINT 2/3-1	6-18967	OMAINE 1	Parker 13	o Ober	y JE	-NNAM
	18 CAUSE OF DEATH (Enter of	only ane couse per line far (gh, (b	of, and (c)			8	PPROXIMATE I	AND DEATH
1	PART I. DEATH WAS CAUS	ATE CAUSE (a)	RTTX	LURE		4		23.
0		DUE TO, OR AS-A GONS	EQUENCE OF	- LOADT	A 775	W 19		
	Conditions, if any, which	( (b)	en o	- proff	176	14 4 8 0		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	b .				
	underlying cause last	(c)						
N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		T RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN I	PARI Ira	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE		
					YES   NO	IN CERTIFYING (		EATH?
188	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2	Ic. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU			
100	OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
MEDICAL	THE EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	I LOCATION				
ME	WHILE MOT WHILE M	AT HOME STREET, FACTORY, OF		STREET	CITY OR TO	WN CO	UNIY	STATE
	AT WORK AT WORK	tall assessed the decreed to	91	1 10	10/1	£ 10 d	7	II ( <del>we)</del> lost
	sow the deceased olive o	nthe deceased for	(3)	hot in (my) (our) opinior	death accurred an the de	ate and have and fi	,	
	above, (I) (web) (did n	at) view the bady after death.	1	GREE			C. DATE SIGN	
	Could C	-/ Com	9.3.	ATTENDING	MEDICAL STAI	F	10/20	15
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22	e ADDRESS				
	DONALD	C. ROANS	MD.	1616 fore	IST Drive	AKKI	APOLIS	mel
23a	BURIAL, CREMATION, REMOVA		23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION		17	STATE
	BuriBL	et 21-1987	md Ucte	YANG	Crewins	ULLI F	2.4.	nd
24 F	UNERAL DIRECTOR	TIL	ANNAD	0 L13, m 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S		1
10	1.8 Harke	1917 PADO	met D	13/11	JCT 26 1987	is a dia	widen. K	andall

DHMH - 16 60M 7/84 (VRA 15, 4)

10 (2 12) 11 2 17 17 Edward Ellio Lee Sr Get 18184 A. Merce 11 to Marie of the Marie of the state e like the second secon of the margarette state of the 12+ 15 A PRIMARILLE XX XX 29 1 1 DEN B. B. T. T.C.I. Me 1917 MILL & Jav -1896 Name of Parker 230 Clary of Burney DOWALD C ROBBER AND THE FIRST Drive PHINPERS INT grand the second second Mr. Carlotte Carlotte Co. C. E. Micks 1912 Front Dave

(VRA 15, 4)

STATE OF MARYLAND

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terial plant which his

AND BUABA BUA

GLIBA BURNIE MORTH ARRESTAL HOSPITAL

CALEM EDHOTE, NARYLAND 21061

ALEX HESTERN, M.D.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 30 BY GISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR COVER COLUMNS OF ESTI WILBUR DEATH MATED 10-21 4 RACE 2d HOUR IF LINDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 1850 12-05-31 DEAD 198 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary ANNE ARUNDE II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY postruction AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? TISE STREET ADDRES A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST unknouse 17 INFORMANT 1952-195 18 CAUSE OF DEATH (Enter only one cause per line far (o) (b) and (c).) PART I DEATH WAS CAUSED BY ArdIAC rest IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. BURIAL AND ME ED AS A BU HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 TE, WRITING THE WORD "FENDIN RWARDED TO THE CHIEF MEDI III. PAGE 3 SHOULD BE USED AS A ESTATE DEPARMENT OF HEALTH D. 21201 PRIĞR TO BARKIAL, CREM 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 71d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR, PATER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2 220 I certify that I taok charge of the remains described above, held an Inspection Autapsy Inquiry and in my opinion Notural couses Homicide Undetermined manner Suicide death resulted from: Accident MEDICAL EXAMINER 07/84 25M

Tuneral Chapel Annapolis, mu

**DHMH - 17** 

(VR A15 ME (5))

10 Co 101 0 7 S 0 1 1 1 A. D. D. Daniel of the out of the state o Paramentary at Lorent Lorent March 1997 Test Lorent Control of the Condine House CANADA TO THE POPULATION OF THE PARTY OF THE deal with but have I like you I see he we have you the a light of the small should be built

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

184	-	8	9	NOV	-9	87	FOR STATE REGISTRAF
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within 24 hours after death. Page 4 may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

6 100	,		-,0

	REGISTRAR		CERTIF	FICALE OF DEATH	REG. NO	Э.		
	DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
(1	TYPE OR PRINT)	orno R	101	Whardt		10 29	87	5:55P
1	SEX	1/RACE	S DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
			MONTI	H DAY YEAR		MON	THS DAYS	HOURS MIN
0	Male	White	7	10 20	67 9. BALTIMORE CITY O	YRS P.COUNTY OF	DEATH	
/0.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIE	D NEVER MARRIED			DEATH	
	Georgia	USA	WIDOWI		Anne Aru			M
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPATI		176. KIND C INDUSTRY	F BUSINESS O
U	Edgewater	Pleasant Li		onv. Ctr.	Electric		UNI	ON
		AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c, CITY OR		1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
100	Maryland A.	ArundelEdgew		YES NOW	3640 Bra	nhum R	d. 2	1037
	L FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	illiam_i	<u> </u>	1001
0	COORCO	R. Leuk	hardt	Georgia	Mae		Harr	ic
114	George  Mas Deceased Ever IN U.S		SECURITY NO.	17 INFORMANT	ADDRE	55	narr	12
1	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)				.00		
	Yes 19	<u>45-1945  57712</u>	27078	Frances Leu	<u>khardt s</u>	ame as	# 1	3
	18. CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (	b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (a)	005	15				
	IMME	DIATE CAUSE (U)	1					
		DUE TO, OR AS A CONS	SEQUENCE OF					
	Canditians, if any, which							
	gave rise to immediate cause (a), stating the		SEQUENCE OF					
	underlying cause last	: (6)	SEGOETICE OF					
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
2		and Reser	an to	clino of	Altzhei		nis	Pasp
	190. DATE OF OPERATION 1	196. CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	1206 IF YES, W	ERE FINDI	NGS USED
4 8	DE THE DATE OF GREAT OF THE	11.00.00.00.00.00.00.00.00.00.00.00.00.0			12 - 3	IN CERTIFYIN		
1 5	E			1-1 11-2	YES NO	YES [		NO 🗌
	OR CONTRIBUTION CAUSE O		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR?	OR PART ?)	
GIE	(IF EITHER NOTIFY MEDICAL EXAM		19					
/ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY		21f. LOCATION	CITY OF TO	WN	COUNTY	STATE
1 3	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	PFICE, PARM EIC)	A	,		-	
		aspital) attended the deceased f	6/1	10 87	10/2	9 10	8/	una Tradina
		1.00	(771	nd that in (my)(aur) apinian		-(		III G. G.
		(0			death accurred on the d	ate and hour as		
	saw the deceased alive abave, (I) (we) (did) (di	e an( U d nat) view the bady after death,	_19		death occurred on the d	ate and hour ar	d Iram the	causes stated
	saw the deceased alive	5 011	_19	DEGREE			721. DATE	SJONED /
	saw the deceased alive abave, (I) (we) (did) (di	5 011	_19_ <i>D /</i> , o	DEGREE ATTENDING	/MEDICAL _ STA	FF _	221. DATE	SIGNED /8
	saw the deceased alive abave, (I) (we) (did) (di	d nat) view the body after death.	_19	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	721. DATE	SIGNED /8
	saw the deceased alivabove, (I) (we) (did) (di	d not) view the body after death.	19.07.0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	721. DATE	SIGNED /8
	saw the deceased alivabove, (1) (we) (did) (di	of not) view the body after death.  VPE OR PRINT!  R Z MD and W	cheintr	ATTENDING PHYSICIAN 2220 ADDRESS 25	MEDICAL STA	FF CIAN []	721. DATE	SIGNED /8
23	saw the deceased alivabove, (1) (we) (did)	of not) view the body after death.  VPE OR PRINT!  R Z MD and W	cheintr	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	721. DATE	SIGNED /8 T
23	saw the deceased alivabove, (1) (we) (did) (di	of not) view the body after death.  VPE OR PRINT!  R Z MD and W	Weistr 1236 NAME OF	ATTENDING PHYSICIAN PHYSIC	MEDICAL STA	FF CIAN []	ALLEN OUNTY	40/15/14
24	saw the deceased alivabove, (I) (we) (did)	VEC OR PRINT)  R  Z  M  A  A  A  A  A  A  A  A  A  A  A  A	Weistr 1336 NAME OF G Lakemo	ATTENDING PHYSICIAN 220. ADDRESS  220. ADDRESS  CEMETERY OR CREMATORY ONT Memorial  230. DAI  230. DAI	MEDICAL STA DIRECTOR PHYSIC (8 A LIVE 123d LOCATION CITY OR TOWN Davidson	FFETAN□  Ville  JSB. REGISTRA	ANUN OUNTY A.A.	SIGNED STATE Md.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	F	G.	V	0	

		CEASED NAME	FIRST	WIOOLE		LAST	2a. DATE	OF DEATH N	AONTH DAY	YEAR	2b HOUR
	(118)	C OR PRINT)	Thelma	Irene	Link		Octo	per 6	. 1987		104
	3. SE	Х		4 RACE		OF BIRTH		N YEARS LAST BIRTH	7	UNDERTYEAR	F UNDER 24
	1	Female		White	Oct	19 DAY 1907	79		MOM	VIHS BATS	HOURS
-		RTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8		9 RAITIA	ORE CITY OR	COLINITY OF	EDEATH	
EZ !		COUNTRY)			MARRIE	D NEVER MARRIED				DEATH	
1		st Virgi		U.S.A.	WIDOW			L OCCUPATIO			
3/			DEATH	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		(TYPE OF W	ORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS
40	100	rnold		264 Greenle		le	Но	me Make	er	Own	Home
35	13a.	STATE	13b COU	R OTHER INSTITUTION GIVE RESIDENCE B		1134 INSIDE CITY LIMI	ITS? 13e STREE	ADDRESS /	7IP CODE		
O.	Maı	ryland	Anne	Arundel Arnole	d	YES NO [		Freenle		cle	21012
£ %	14. F	ATHER'S NAME		MIDDLE LAST		15. MOTHER'S MAIDE	NAME				
30		Unknov	wn	Morgan		Mir1		MIDDLE		Morga	n
10		WAS DECEASED E			SECURITY NO.	17 INFORMANT	(Son)	ADDRES			
per		YES NO OR UNKNOW!	(IF YES GIV	VE WAR OR GATES) 217.58	. 2662	Mr. Clarer		nk S	200 20	#13	
the	=					in: orarci	ice A. L.	LIIK J	allie as		IMATE INTERVAL ONSET AND DEA
ent,			TH WAS CAUSE	nly one couse per line for (o), (b) DBY:	, and (c).)	1 man his	han 6	6%	Suder	BETWEEN	ONSET AND DE
9	.74		IMMEDIA	TE CAUSE (a)	-	corges 11 A	reces (	191100	- nec son	ED C	3 repy
notin				DUE TO, OR AS A CONSE	EQUENCE OF	Arcen	Brody	and			
OUN		Conditions, if		(b)		77	.07724	un pra	wa	- 6 M	andle
e -		gove rise to couse (a), s		DUE TO, OR AS A CONSE	FOUENCE OF	Dunkelo				15	
oth	30	underlying c	ouse last	(6)		o and				1	405.
ō											
>		PART 2 OTHER	SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR COND	ITION GIVEN	IN PART 1	3
njury.	NO	PART 2 OTHER	SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR COND	ITION GIVEN	IN PART 1	
ony injury.	ATION	PART 2 OTHER		CONDITIONS CONTRIBUTING							
ws ony injury.	IFICATION							TOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED OF DEATH?
shaws ony injury.	ERTIFICATION	19a DATE OF OP	ERATION	19b. CONDITION FOR WH		N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USED
18 shaws ony injury.	L CERTIFICATION		ERATION	19b. CONDITION FOR WH	HICH OPERATIO		200 AU	TOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USED OF DEATH?
Hem 18 shaws ony injury.	-	190 DATE OF OP  210. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER	19b CONDITION FOR WH	HICH OPERATIO	21c. HOW INJURY OF	200 AU	TOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USED OF DEATH?
d or them 18 shaws ony injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY  21d INJURY OCC	SUNDERLYING CAUSE OF DEA	19b CONDITION FOR WH	DAY YEAR	N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES, WIN CERTIFYIN YES [ IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH? NO
orked or Item 18 shaws ony injury.	MEDICAL CERTIFICATION	190 DATE OF OP  210. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	SUNDERLYING CAUSE OF DEA	216 PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OF	200 AU	NO NATURE OF INJURY	20b. IF YES, WIN CERTIFYIN YES [ IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH? NO
is morked or Item 18 shaws ony injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE AT WORK A  220.1 certify the	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  T WORK  IT (I) (this hospi	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	21c. HOW INJURY OF	200 AU	TOPSY?  NO   NATURE OF INJURY  CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [ IN ITEM 18 PART	/ERE FINDING CAUSES  I OR PART 2)  COUNTY	NGS USED OF DEATH? NO
21 is morked or Item 18 shaws ony injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE AT WORK  220.1 certify the sow the det	S UNDERLYING  CAUSE OF DEV MEDICAL EXAMINES  CURRED  DT WHIE  T WORK  TILL (1) (this hospi	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC)	21c. HOW INJURY OF	200 AU YES C	NO N	20b. IF YES, W. IN CERTIFYIN YES [ IN ITEM 18 PART	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE
them 21 is morked or them 18 shows ony injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE AT WORK  220.1 certify the sow the det	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  OT WHILE  IT WORK  It (I) (this hospitate)  (ve) (did) & did no	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC)  DIM	21c. HOW INJURY OF STREET 19	200 AU YES C	NO N	20b. IF YES, W. IN CERTIFYIN YES [ IN ITEM IS PART	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE that (1) we) couses stated
: If hem 21 is morked or Hem 18 shaws ony injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE NAT WORK AT WO	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  OT WHILE  IT MORK  It (I) (this hospitate)  (ve) (did) & did no	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC)	216. HOW INJURY OF	CCURRED (ENTER	NO NATURE OF INJURY  CITY OR TOWN  red on the data	20b. IF YES, WIN CERTIFYIN YES [ IN ITEM IS PART N 19- e and hour or	VERE FINDING CAUSES  I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE that (1) we) couses stated
ANT: If hem 21 is morked or Hem 18 shaws ony injury.	-	210. ACCIDENT WA OR CONTRIBUTING THE EITHER NOTHY 21d INJURY OCC WHILE ATWORK  170.1 certify the Sow the de- Obove, (h (w 22b. SIGNATURE	S UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER  CURRED  DT WHILE  IT (I) (this haspi teessed olive and ve) (did) (did not)	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC)	211 LOCATION STREET  211 LOCATION STREET  ATTENDIT PHYSICI.	CCURRED (ENTER	NO NATURE OF INJURY  CITY OR TOWN  red on the data	20b. IF YES, WIN CERTIFYIN YES [ IN ITEM IS PART N 19- e and hour or	VERE FINDING CAUSES  I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE that (1) we) couses stated
ORTANT: If them 21 is morked or them 18 shaws only injury.	-	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AT WORK  270. I certify the Sow the de- Obove, (It (w 270. SIGNATURE)  272d PHYSICIAN'	ERATION  SUNDERLYING  CAUSE OF DEL  MEDICAL EXAMINES  CURRED  OT WHILE  TWORK  It (I) (this hospice) (did) (fid no	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC)  DOM	211 LOCATION STREET  19 DEGREE ATTENDII PHYSICI.	CCURRED (ENTER	NO DATURE OF INJURY  CITY OR TOWN  TEED ON THE DOTE  L STAFF R PHYSICIA	20b. IF YES, WAND CERTIFYIN YES [ IN ITEM IB PART IN ITEM IN ITEM IB PART IN ITEM IN I	/CRE FIND IN G CAUSES  OR PART 2)  COUNTY  Ind from the	STATE  st
MPORTANT: If them 21 is morked or them 18 shaws only injury.	MEDICAL	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AT WORK AT WOR	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  OT WHILE  IT (I) (This hospital of the cooled olive and cooled	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF 11d1) attended the decreased from 1972 8 2 1 21) view the body after death.  DR PRINT) THESES, M.D. P. A.	DAY YEAR 19 FICE FARM ETC)  Om	211 LOCATION STREET  211 LOCATION STREET  19 nd that in (my) (our) op DEGREE ATTENDII PHYSICI. 22e ADDRESS 3721 Potee	CCURRED (ENTER	NO DIVINITY  NO DIVINITY  CITY OF TOWN  red on the date  STAFF  R PHYSICIA  Itimore	20b. IF YES, WAND CERTIFYIN YES [ IN ITEM IB PART IN ITEM IN ITEM IB PART IN ITEM IN I	/CRE FIND IN G CAUSES  OR PART 2)  COUNTY  Ind from the	STATE  st
IMPORTANT: If them 21 is morked or them 18 shows only injury.	WEDICAL WEDICAL	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING ITE EITHER NOTIFY  21d INJURY OCC WHITE AT WORK  220. I certify the SOW the de- OBOVE, (I) (W  22b. SIGNATURE  22d PHYSICIAN'  SIlvinc  SURIAL CREMATE	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  OT WHILE  IT (I) (This hospital of the cooled olive and cooled	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF 11d1) attended the decreased from 1972 B. 1971 DIVIEW he body after death OR PRINT)  123b. DATE 23b. DATE	DAY YEAR 19 FICE FARM ETC)  DOM	211 LOCATION STREET  211 LOCATION STREET  ATTENDIT PHYSICI. 22e ADDRESS 3721 Potee	CCURRED (ENTER  Dinnion death occur  NG DIRECTO  St. Ba  ORY [23d LO	NO DATURE OF INJURY  CITY OR TOWN  TEED ON THE DOTE  L STAFF R PHYSICIA	20b. IF YES, WIN CERTIFYIN YES [IN ITEM IS PART	COUNTY  221225	STATE
IMPORTANT: If them 21 is morked or Item 18 shows ony injury.	WEDICAL WEDICAL	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AT WORK AT WOR	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINES  CURRED  OT WHILE  IT (I) (This hospital of the cooled olive and cooled	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF 11d1) attended the decreased from 1972 8 2 1 21) view the body after death.  DR PRINT) THESES, M.D. P. A.	DAY YEAR 19 FICE FARM ETC)  DOM	211 LOCATION STREET  211 LOCATION STREET  ATTENDIT PHYSICI. 22e ADDRESS 3721 Potee	CCURRED (ENTER  DITTION death occur  NG DIRECTO  St., Be  ORY 23d LO	TOPSY?  NO  NATURE OF INJURY  CITY OR TOWN  TOWN	20b. IF YES, WAN CERTIFYIN YES TO THE ME	/CRE FIND IN G CAUSES  OR PART 2)  COUNTY  Ind from the	NGS USED OF DEATH? NO  STATE that we) couses statec SIGNED
IMPORTANT: If them 21 is morked or them 18 shows ony injury.	WEDICAL BO	190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING ITE EITHER NOTIFY  21d INJURY OCC WHITE AT WORK  220. I certify the SOW the de- OBOVE, (I) (W  22b. SIGNATURE  22d PHYSICIAN'  SIlvinc  SURIAL CREMATE	SUNDERLYING  CAUSE OF DE, MEDICAL EXAMINES  CURRED  DT WHILE  TO (1) (this hospit ceased olive age ye) (did) (fid no	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF 11d1) attended the decreased from 1972 B. 1971 DIVIEW he body after death OR PRINT)  123b. DATE 23b. DATE	DAY YEAR 19 FICE FARM ETC)  DOM	211 LOCATION 211 LOCATION STREET  212 ADDRESS  3721 Potee  EMETERY OR CREMATIC.  213 Cem.	CCURRED (ENTER  DITTION death occur  NG DIRECTO  St., Be  ORY 23d LO	TOPSY?  NO ON TOPSY?  NATURE OF INJURY  CITY OR TOWN  TOP TOWN  CATION  TO RETOWN  OKLYN F	20b. IF YES, WAN CERTIFYIN YES [IN ITEM 18 PART IN ITEM 18 PAR	COUNTY  COUNTY  21225  COUNTY	STATE  Maryl

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OK ATTEN

BP.

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rector, page 3

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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200	07	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	Section 1	
24		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(TYPE	ORPRINT) RILL	Ford	Linto	N	04	161987	M
	3 SE)	(	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYE IR	IF UNDER 24 HRS
	1	emale	1.14:40	MONTH	of 18gg	08	MONTHS DATS	HOURS MIN.
. 2	70 BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 0	1,01	9 BALTIMORE CITY OR COU		
5	n	OUNTRY)	usn	WIDOWED N	DIVORCED	0	labor	440
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION		OF BUSINESS OR
2	6	1.50	(IF NOT IN SUCH FACILITY, GIVE STREET		. 40.4.	TYPE OF WORK FOR MOST OF WORK	4.1	
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		CENT CHI	Homemak		ne
6		TATE 136 COUN	130 CITY OR TOW	/N 13d. IN		13e STREET ADDRESS / ZIP C	ODE S	401
	IA EA	THER'S NAME	H- Honops	IS YES	OTHER'S MAIDEN NAM	1124 2. Hom	eland N	ve.
j	14. 17		MIDDLE LAST	13.760	FIRST	MIDDLE	C LAS	51
1		rederick			ara K	e De o ca S	chate	~
	100 V	VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	1. 100	FORMANT	• 4 (1)	Same	as
		110	214-05-0	121111	elba (U)	receteld -	413	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per me for (a), (b), and	dicio	2 4	C 11.	BETWEEN	ONSET AND DEATH
			E CAUSE (a) Plenmon	ma-t	ulm onar	y Imphysem	a / Well	15- year
			DUE TO, ORASIA CONSEQUE	ENCE OF		1000		/
		Conditions, if any, which	( 16) Chroni	a long	gitive He	art failure	40	an
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		/		
		underlying cause last.	10 Pulmos	ray En	Moli		yea	rs.
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RE	ELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	0
	ē							
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED		IF YES, WERE FINDII ERTIFYING CAUSES	
2	STIF					YES NO	YES 🗌	NO 🗆
0	Ü	210 ACCIDENT WAS UNDERLYING	LUCUID A M. MONITH D.	AY YEAR 21c. H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA		19				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY JAT HOME, STREET FACTORY, OFFICE, F	21f. LC	OCATION STREET	CITY OR TOWN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	JAT HOME, STREET FACTORY, OFFICE, P	ARM, EIC)			_	
		220.1 certify that (I) (the hospi	fol) attended the deceased from_	1975	, 19	10 Mesery	. 19	that (I) (we) last
		sow the deceased alive on Pabove HT (we) (did) (did no	19	, and that	in (my) John opinion	death occurred on the date and	hour and from the	couses stated
		22b SIGNATURE	n view the body diver death.	DEGREE	E		22¢ DATE	SIGNED
		11te + 1/2	cho. hu	$\wedge$	ATTENDING PHYSICIAN	MEDICAL STAFF	1 101	10/87
1		224 PHYSICIAN'S NAME (TYPE O	RPRINT)	22e A	DDRESS	A MINISTERIAL P	110/	7/0/
		D, mo E 1/	ED KOLLIN	19	22 Forent	L Dog the of	4. 2 200	01
	22- 6	HIDIAL COLUMNIA	120 DATE 122 1	NIAME OF CEMETE	RY OR CREMATORY	123d LOCATION	1144 219	0/
	230. 1	BURIAL, CREMATION, REMOVAL	236. DATE 236.1	1	AL CC	CITY OR TOWN	COHNIA	STATE
	24 51	OUCLOV UNERAL DIRECTOR	CSV12,128,11 C	edar f	DILLT+	E REC'D. BY REGIS RAR 25b RE	GISTPAP'S SYCHIA	MD
84		NAME /	A ADDAESS	10	-	1 Q anno de de	CISTRAR'S SIGNA	1
	10	ylor tunera	l Chapel-An	napolis	IUD DOL	19 19 0		6
		( )		•				

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

After this certificate has been

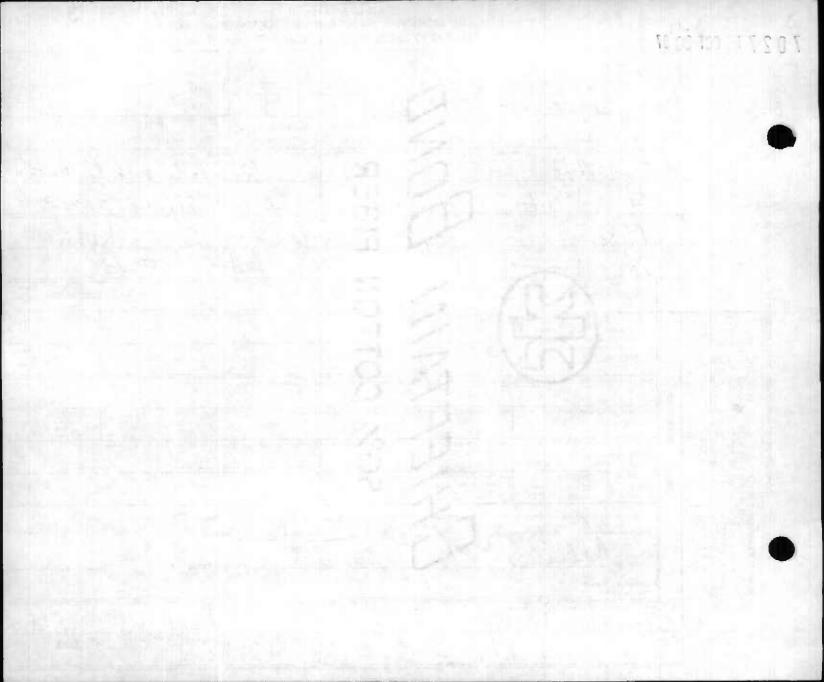
TO FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician FOR

(VRA 15, 4)

TEV ALLESSEE I LE MANUEL L'ENDE MILES

Den 1471 Alleger 1 Too gent a languagh languagh languagh languagh



SEVERNA PARK, MD. 21146

(VRA 15, 4)

DESTRUCTION OF THE PARTY OF THE

DOLLISON MEETING HERM

ELIMBER POTO

IVER IN WAY

Evans 1212 West St. Annapolis,

Robert

(VRA 15, 4)

STATE OF MARYLAND

Alexander of the second Alexander

injury, or other troumotic event, the

marked or Hem 18 shows agy

IMPORTANT: If Item 21 is

070659 NOV

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

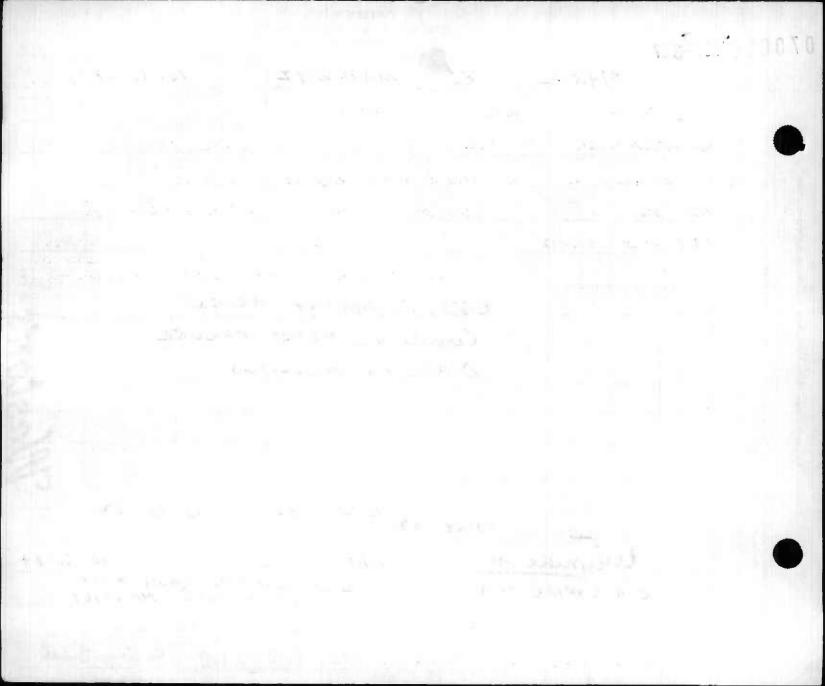
Street and	

1	3 8	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.			
1	DEC	EASED NAME FIRST	٨	MIDDLE	- 1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOU	JR .
	(TYPE	ORPRINTI MARIE	4-	E	MI	ARKWIT	Z		10.3	0.87	5:18	ВА.м
	3 SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY	MONTHS DAYS	IF UNDER	24 HRS
	/	Female	White	2	5-7	-1908 YEA	LR.	79	YRS	MONTHS DATS	HOURS	MAIN,
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI	D NEVER MARRIE		9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
		ltimore,MD.		.S.A.	WIDOWE	DIVORCE		Anne Arun		ounty		MD.
1	)0 CII	TY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	N	12a USUAL OCCUPAT		12b. KIND C	F BUSINE	SS OR
1	-	nnapolis,Md.	Anne	Arundel	Gener.	al Hospita	1	Home MAke				
7	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION	13c CITY OR TOW	N	13d. INSIDE CITY LIMI		13e.STREET ADDRESS			100/	
4		THER'S NAME		Baltimo	re	YES XX NO [		427 N. Ro	se st	reet -2	1224	
1	)		MIDDLE	LAST		Mary		WIDDLE		M	eyer	S
2		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS		urch	
-	(4)	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	215-46-5	807	Diane L. E	cker	t 1241 Fai	rfax	Ave. MD	21	0733
		18 CAUSE OF DEATH (Enter on	ly one couse per	June for (a), (b), and	d reso					APPROX BETWEEN	MATE INTER	RVAL
		PART I. DEATH WAS CAUSE	D BY:			MONARY	1	ARREST				
		www.com		R ASTA CONSEQUE	NCE OF 4		100		-			
		Conditions, if ony, which	(b)	CONGE	5710	B HRAD	RT	FAILUI	68			
		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF							
		underlying couse lost	(10)	DIAGA	713	8 MEL	417	TUS				
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR COM	IDITION G	IVEN IN PART 1	0	
	ON ON											- 7
)	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FINDI		
	RTIF							YES NO	,	res 🗌	NO [	
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH D	YEAR	21c HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART T OR PART 21		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	All P		19	1000						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM FIC 1	211 LOCATION		CITY OR TO	OWN	COUNTY	-	TATE
	2	AT WORK NOT WHILE	The state of the	att in racions, or race.		01				0.0		
		22a.l certify that (I) (this hospi				0.20. 192	5+	_, to	. 30.	1907	thot (1) (	we) lost
		sow the deceosed olive on obove, (1) (wettdid) (did no	ti view the body	0 26 198	7_,01	nd that in (my) (our) of	pinion d	leath occurred on the c	lote and ha	out and from the	couses st	oted
		22b. SIGNATUR				DEGREE				22E. DATE		
		mynia	(المال)				IAN G	MEDICAL STA	CIAN	10	.30	.87
		22d. PHYSICIAN'S NAME (TYPE C				22e ADDRESS	1. 11	AM AUR (	NWI	# 101	,	
		C. V. CYRIA	6. 4.0			14 66	-21	BURNIE	M	0 2106	1	
	23e B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMAT	TORY	23d. LOCATION		COUNTY		TATE
	-	<sup>SP</sup> Burial	11-2-8	37   Fi	rst U	nited Cem.		Balti				neit.
		INERAL DIRECTOR		ADDRESS		25	50. DATE	REC'D. BY REGISTRA				
	Jo	ohn C. Miller,	Inc64	l5 Belair	Rd	21206	VUV	0 2 1987	Julia	Deviden.	redal	A-

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

retained by the hospital ar attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

leoth. Page 4 may b

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGTENE
STATE REGISTRAR	CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
2	DECEASED NAME FIRST	MIDDLE	LAST		NONTH DAY YEAR 26. HOUR
3 40	7 2 87 Arthu	r M.	Martin	October 2	3, 1987 7:45
3. 9	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
	MALE	Caucasian	10-15-1899 YEAR	88	YRS
	BIRTHPLACE (STATE OR FOREIGN NEW	16 CITIZEN OF WHAT COUNTRY? YORK U.S.		Anne Arun	county of DEATH del County
3 A		nnevorAreundere sie	ng home or other institution enternal Hospital	12a USUAL OCCUPATIO	MPRINTER CITY  Police Dent
5	Taryland Altheu	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE MY PLANTED MARCHARD	Olis 134. INSIDE CITY LIMITS?	130. STREET ADDRESS 1806 Lin	damoor Lane 214
7)14.	FATHER'S NAME FIRST William	Martin LAST	15. MOTHER'S MAIDEN NA FIRST	WIDDLE	Hanes
1 160	WAS DECEASED EVER IN U.S. AI			ADDRES	SS
	Yes WWI	ve war Or Dates) 122-24	-5013 Elenore K	awecki 503	Wilson Rd.
'  =	100			Annapolis,	
	PART I. DEATH WAS CAUS		(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BETWEEN ONSET AND DEAT
	IMMEDIA	TE CAUSE (o)	- 4		
		DUE TO, OR AS A CONSEQU	ENCE OF	D	4
	Conditions, if ony, which gove rise to immediate	( 16) 1/ xeria	SOULTH PRIME	Wasculon e	1sacro
	couse (o), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF		
	underlying couse lost.	(c)			
Z		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 140
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
7				YES NO	YES NO
5 8	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
		Ain	AY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	211 LOCATION		
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) STREET	CITY OR TOW	N COUNTY STATE
	220.1 certify that (1) (this hosp	nital) attended the deceased from_	10-9 198	) to 10	2), 19 (we) I
	sow the deceased plive of	10-22 19	ond that in (my) (our) apinion	death occurred on the dat	te and hour and from the causes stated
	226 SIGNATURE	of)-view the body ofter death.	DEGREE		22c. DATE SIGNED
	GA MIL	Spll mn	ATTENDING	MEDICAL STAF	11-24-
7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	DIRECTOR PHYSICI	AN DETE
	6 10 Mit	Sall Mh	3-5-11-	/ Dea	Dun - 2/4/
	17 17 11111	WAI MIP	205 KO	101/11/10	118/14/07/1 1810
230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	Cremation	10-24-87 M		xandria Fa	
24	FUNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR	NP BECISTUAL PRIOR TOWN
	Robert E. Eva	ans 1212 Wests	ST. Annapolison	130 198/ 4	who Destinate Comments

2

1887 OET 30

James S. Kirkley, Glen Burnie, MD

**DHMH - 17** (VR A15 ME (5)) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

N	y =	FOR STATE HECISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	6 1	0 1	7
	3. SE)	male	RACE B CITIZEN OF WHAT COUNT	S. DATE C. MONTH	DAY JEAR	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR  9 BALTIMORE CITY C	MONTH DAY  10 32  RIHDAY IF  MOTO  YRS.	UNDER I YEAR	2b. HOUR 11 504 M 16 UNDER 24 HRS HOURS MIN.
200	MA	RYLAND	U.S.A.  NAME OF HOSPITAL, NU ANNESUCARUNDE	WIDOWE RSING HOME C	D DIVORCED D	ANNE ARI	ION		MD. F BUSINESS OR
	130. S MA 14 FA	GEORGE A.	Y 13c CITY OR ANNAP ( ANNAP (  MATTHEWS	DLIS	YES NO   15 MOTHER'S MAIDEN NAM  BEULAH	MIDDLE	QUEEN	e ×	21401
/			war or dates) 220-0"	nodicii	EMMA E. MATTH	polis, Ma <sup>DRI</sup> EWS 214 Par			MATE INTERVAL PASET AND DEATH
7	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSI	OUENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	206. IF YES, V	VIN PART TO WERE FINDIN NG CAUSES	IGS USED
7	MEDICAL CERTIF	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINES) 21d INJURY OCCURRED  WHILE AT WORK  220 I certify that (I) (this haspital sow the deceased alive and obove, (I) (wall-did) (did not) 276. SIGNATURE  22d PHYSICIAN'S NAME (TYPE OR)	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OF)  1) ottended the deceased from TO REM So view the body after death.	19 EKE, FARM, ETC.) Om.	22e ADDRESS	CHYORTO	YES IN ITEM 18 PARTI	COUNTY  and from the country  22c DATE S	STATE that (I) (we) lost couses stated
_	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE 11-4-1987	234 NAME OF C	EMETERY OF CREMATORY REST CEMETERY	23d LOCATION Affinapol	is A	CRUNTY Ma	iryland
		INTERN DIRECTOR	11-1-1701	111111 (1		Annapot.		A. Fid	LJIMIU

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical

REESE & SONS MORTUARY, P.A.

Julia Dender Kandala

NOV 03

•\(\( \)

CERTIFICATE # 87-27820

36816-18

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

68133

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-9 87	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
I.	DECEASED NAME LO FIRST	SP, W.	me Henry	20. DATE OF DEATH W	0-3-87 3 32 N
3.	SEX /	4. RAČE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
70	Washington D.C.	76. CITIZEN OF WHAT COUNTRY?	**MARRIED X NEVER MARRIED   WIDOWED   DIVORCED	9. BALTIMORE CITY OR Anne Arur	ndel County ME
-	Annapolis	11. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET A An ne Arundel		170. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	
2	SUAL RESIDENCE (IF NURSING HOMEO 136 COU 136 COU Pr.	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5316 Critte	nden Street
9	FIRST	wood German  MED FORCES? 166 SOCIAL SECUR	Mary	Ella	Baker S5316 Crittenden St
2 1	NO NO OR UNKNOWN) IN YES, GI	A 226-18-0	Warren B. Mc		tsville, Md. 2078l
	PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), and ED BY. TE CAUSE (a) Metas	Fatic Breast	Cancer	BETWEEN ONSET AND DEATH  5 Years
		DUE TO, OR AS A CONSEQUED  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR COND	ITION GIVEN IN PART I (0)
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
-/1	OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH DA	216 HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
1	I FEITHER NOTIFY MEDICAL EXAMINE  71d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOW	OUNTY STATE
	saw the deceased alive of above (l) we) (did) (did no	ital) attended the deceased from		death occurred on the dat	19, that (I) (we) los te and haur and from the couses stated
1	27d PHYSICIAN'S NAME (TYPE)	O Colein	DEGREE  ATTENDING PHYSICIAN D  1220 ADDRESS	MEDICAL STAFF	PAN DATE SIGNED
	ENSER	W. COLEIII	51 FRANKL	N ST AN	NAPOUS Md.
	Burial, CREMATION, REMOVAL	10-6-87 Fo	rt Lincoln Cemeter		
	4 FUNERAL DIRECTOR Francis Gasch's S	Sons. P.A.	Baltimore Ave.		Sh REGISTRAR'S SIGNATURE

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HTGIENE

CERTIFICATE OF BEATH

REGISTR	AR			CERTIF	CATE OF DEATH	REC	S. NO.		70	norm.	
I. DECEASED N	AME FIRST		MIDDLE		AST	20. DATE OF DEAT		DAY	YEAR 2	HOUR	2
ITYPE OR PRINTING			eorge MCI			OCTOBER	30,	1987	1047	7 AM	M
3. SEX		I. RACE		5. DATE C	DAY VEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	_	FUNDER 2	MIN.
Male		Whit	e	Marc	h 2, 1912	7	75 YR	S.			
_COUNTRY)			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF DE	ATH		
-	lvania	USA		WIDOWE		ANNE ARI		COUNT	Υ		MD.
10. CITY OR TO	WN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUI			KIND OF B	JUSINES	SS OR
GLEN BUI	WIE N		UNDEL HOS		L	Machin			thleh	em S	Stee
USUAL RESIDEN 130. STATE Maryla	nd   13b. COUN	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Glen Bur	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRE		oad	21061		
14 FATHER'S NA					15. MOTHER'S MAIDEN NA	ME					
James	S1 A	NODLE	McLaugh	lin	Julia	J.		M	anson		
In WAS DECE	ASED EVER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17 INFORMANT (Daug	hter) AC	DDRESS 8	Thoma	as Ro	ad	
NO OR U	(IF YES, GIVE NA	WAR OR DATES	213.16.5	751	Betty G. Ben		Glen	Burn			2106
18 CAUS	E OF DEATH (Enter onl	y one couse per	line for (a), (b), and	d (c).)	0 0	, .	1 1		APPROXIMA ETWEEN ONS		AL DEATH
PART	I. DEATH WAS CAUSED	BY: CAUSE (o)	Sen	ere	maln	rutar o	wy	1 0	ruer	14.	ear
	IMMEDIAN				. /	/	,			1	
Conditio	ns, if ony, which	DUE TO, O	RASACONSEQUE		i brain	Sima	wm	2 6	Tues	110	Ma
gove ri	se to immediate	(b)	O regue	100		1 domo	niti	2)		0	
	(a), stating the ng couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF		i acma	nuc	2)			
(15		( (c)									
	OTHER SIGNIFICANT C	Cun ctr	The Prol	SEATH BUT	NOT RELATED TO THE TERM	A rela	M) SC	CIVE IN	4(	Vi	Dise.
T 190 DATE	OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. 1F	YES, WERE	FINDING	SUSED	
SIGN ACCIO						YES T NOT		RTIFYING (		F DEATH	
210. ACCIO	DENT WAS UNDERLYING	216. TIME C	F INJURY		21c. HOW INJURY OCCUR						
00 4 01 17 0	BUTING CAUSE OF DEA		M. MONTH DA								
~	NOTIFY MEDICAL EXAMINER)	21e PLACE		19	211. LOCATION						
WHILE I	NOT WHILE		REET FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY	ORTOWN	CQ	UNTY	ST	ATE
AT WORK	AT WORK						1				
	ify that (I) (this hospit	11	e deceased from_	27		, 10_0	30	19_8	7	ot (I) (w	0,1001
sow	the deceased alive on, e, (1) (we) (did) (did not	view the body	ofter death.	2 (. 0	nd that in (my) (our) opinion	death occurred on the	he date and	hour and fo	rom the cou	uses stot	ted
22b. SIGN	IATURE				DEGREE			22	C DATE SK	GNED	
/	5-4.4	un	200	, /-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	/	6/3	01	67
22d PHYS	ICIAN'S NAME ITYPE OF	PRINT)			22e ADDRESS 1406 C	RAIN HIGH	WAY,	SOUTH	, SUI	TE	,_
BERNA	RDINO A. Al	ONSO	M.D.		GLEN BURNIE,	MARYLAND	2106	1			
23e BURIAL, CR (SPECIFY)	EMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	/N	COUN	IY	51	ATE
Bur		Nov. 2	, 1987 G1	en Ha	ven Mem. Park	Glen Bu	rnie.	AA	Co.	Mar	ylan
24 FUNERAL DI	RECTOR of	12/1	ADDRESS	-1161 31-2-31	25e DAT	TE REC'D. BY REGIST	RAR 256. REC	SISTRAR'S	SIGNATUR	D. 1	
Single	ton Funera	1 Home	Glen Bur	nie	Maryland No	JV U 3 198	3/	MEAN ALIGH		Laver	

UNITED STATES OF THE STATES OF

GLIEN DERONTE ROOMEN ARRESTEEL HOSPITAL

OCTOBER 30, 1987 1047 AM

ANGEL ARBRUBEL COUNTY

RESUMBLISHO A. ALONSO, M.D. GLISH SURMIL, HANGINGED 21061

068602

moy be

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LEGITRAR				CEKTIF	ICATE OF DEATH		REG. NO.				
1. DECEASED NAME		MIDE	DIE	L/	AST	20 DATE OF D		NIH D	AY YEAR	26 HOUR	
(TYPE OR PRINT)	Edward	1	J.	M:	illigan	Oct	ber	7	1987	11:30A	
3. SEX Male	4.1	RACE White		5. DATE O	DAY YEAR	6 AGE (IN YEAR	RS LAST BIRTHDA		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
70. BIRTHPLACE (S Marylan		I II C A			NEVER MARRIED DO DIVORCED	9. BALTIMORE	Anne	OUNTY			
Glen Bur	of DEATH II	NAME OF HOS			R OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO Route	OR MOST OF WO	ORKING LIFE		f BUSINESS OF	
USUAL RESIDENCE 130 STATE Maryland	(IF NURSING HOME OR OTH	113	e residence before a. CITY OR TOWN Len Bur	'N I	13d. INSIDE CITY LIMITS? YES NO XX		oress / zi Andel		t 21	061	
Jose	ph MID		Millig		is mother's maiden name Edna		MIDDLE		Tho		
(YES, NO OR UNKNO	DEVER IN U.S. ARME WN) (IF YES, GIVE W	AR OR DATES)	16-05-7		Wilma E. Mi	lligan	Same	as	13e		
gove rise (o), underlying	if any, which to immediate stating the cause last	DUE TO, OR A	S A CONSEQUE S A CONSEQUE TRIBUTING TO D	ENCE OF	AT CELL CONC NOT RELATED TO THE TERM SMOKING	IN AL DISEASE (	DR CONDIT	ION GIVE	N IN PART 110		
ō	Manie					200 AUTOP	SV2 / 12		WERE FINDIN	IGS LISED	
190 DATE OF C	OPERATION C	196 CONDIK	ON FOR WHICH	OFERATIO	WASTERIORNED				ING CAUSES		
218. ACCIDENTY OR CONTRIBUTIN THE EITHER, NOT 21d. INJURY C	OPERATION  WAS UNDERLYING   INC CAUSE OF DEATH  INTY MEDICAL EXAMINER)  OCCURRED	216 TIME OF INHOUR A.M. P.M. 21e PLACE OF	NJURY MONTH DA	AY YEAR	21t. HOW INJURY OCCURR	YES 1	NO NO	V CERTIFY YES	ING CAUSES	OF DEATH?	
OR CONTRIBUTE  JIF EITHER NOT  21d. IN JURY C  WHILE  AT WORK  22a I certify t  sow the obove, (I)	WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER)  CCURRED  NOT WHILE CAUSE OF DEATH AT JUNE CAUSE OF DEATH AT J	216 TIME OF IT HOUR A.M. P.M. 21e PLACE OF (AI HOME. STREET ) ottended the d	MONTH DA	AY YEAR 19 ARM, EIC)	211. LOCATION SIREE  19 66 d that in (my) (our) opinion of	YES 1	RE OF INJURY IN	YES	COUNTY  9 27, ond from the	OF DEATH? NO	
OR CONTRIBUTE  IF EITHER, NOT  21d. INJURY C  WHILE AT WORK  220. I certify to obove, (I)  22b. SIGNATU  22d. PHYSICIA	WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER)  CCURRED  NOT WHILE CAUSE OF DEATH AT JUNE CAUSE OF DEATH AT J	216 TIME OF IT HOUR A.M. P.M. 21e PLACE OF (AI HOME. STREET ) ottended the d AUGUSG view the body oft	NJURY MONTH DA  INJURY FACTORY, OFFICE, FA  deceosed from er death.	AY YEAR 19 ARM, EIC)	211. LOCATION SIREE  19 60 and that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN  12e. ADDRESS	YES 1	RE OF INJURY IN CITY OR TOWN THE date STAFF PHYSICIAN	YES HITEM IS PA	COUNTY  9 27 ond from the	STATE  shot (I) (we) lo couses stoted  gignep	

Julia Dividion Rendares

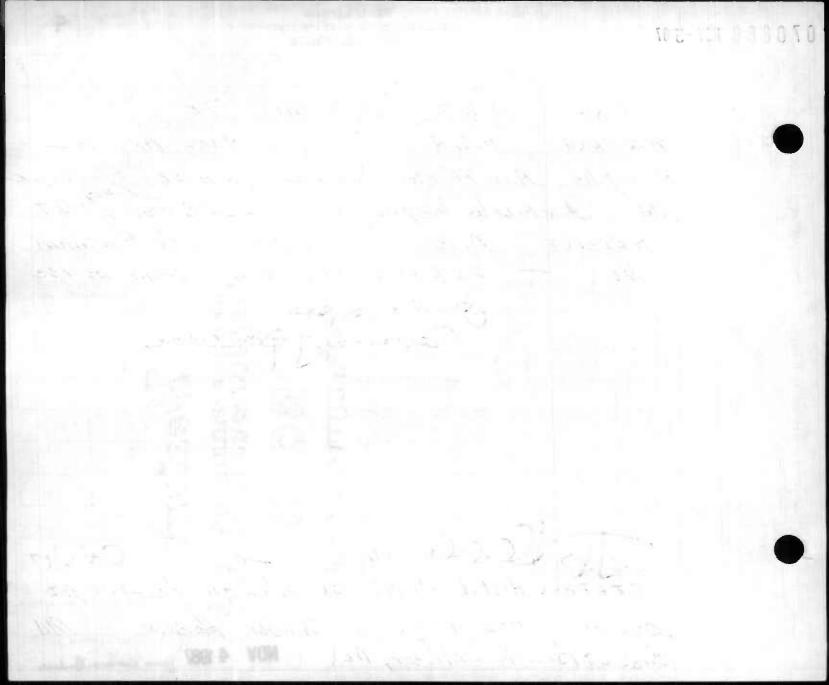
J. Gonce 4001 Ritchie Agwy Baltimore Md

DHMH - 16 50M 4/83 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

to 1 to	2	1	d	in the	4
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070888 NOV -	67	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IÈNE	4 1 0 6 4
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO	).
2 2 4		CEASED NAME WILL	m Mills	2a. DATE OF DEATH	30 87 1130/R
ge 4 moy	3. SE	male!	RACE White S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
11:25	7a 81	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY OF	APUNICATE NO
	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION     (15 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATIO	151/2 . 26 - 4
b 21201 4 hours	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y  13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-21403,
MARYLAND 2120) ed within 24 hours mpkgely fitted in over 2 should be 1 exceptmer mist be for	1	ATHER'S NAME	ARAINAR ANNIAILS YES NO I	-225 B	VARRAGUT CT.
		HERBERT	Mills Sessi	ADDRE	Seittingham
Moon e ex		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES! 212-16-8378 MABLE AT	11/5	Same 15 13E
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	<del></del>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N 2 000		IMMEDIATE	DUE TO, OF AN A CONSEQUENCE OF		
t W. PRESTON hot the deoth or by the attendin sse remove corb 1, cremotion, ar other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	Du Cler	ie,
RDS, 201 equires the n signed b Then pleas r to burial, injury, or a	N O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
NA RECOR	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \tag{Pi} NO \tag{Pi}
ON OF VITAL RE ON OF VITAL RE ding physicion. is certificate peos buriol-tronsit peos Mental Hygiene. gr Hem-48 shows		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	H 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		Y IN ITEM 18 PART 1 OR PART 2)
the the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
Heolis a			ol) attended the deceased from, 19	, to	te and hour and from the causes stated
OR AT OR AT DIRECT oched fr Dept. o		obove, (IETye) (did no	DEGREE ATTENDING	MEDICAL STAF	22. DATE SIGNED
TO HOSPITAL TO FUNERAL With the Store		22d PHYSICIADI'S NAME (TYPE OR)	PRINT)	DIRECTOR PHYSIC	Anna Dus Min
of Should be sho	23a 8	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP	24 FI	DULIAL UNERAL DIRECTOR	11-3-1987 Speinghill Mom (3	A HEB	Real Ma.
DHMH - 16 50M 1/81 (VRA 15, 4)	1	BAKUR & BOU	nds Alisbury me IN	OV 4 1987	Orlin Sinder P. L.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 0 6 8 4 0 7 OCT 14 87 TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH LECEASED NAME 20 DATE KNOWN THE MONTH (TYPE OR PRINT) OF ESTI-James M. Mizell DEATH MATED 10-5-1987 5 DATE OF BIRTH 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR 7d HOUR IF UNDER 24 HRS 2c. DATE 44 (RTHDAY) May 26 1943 PRONOUNCED 1:54P Male White DEAD 1987 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TYNEVER MARRIED EOREIGN COUNTRY Maryland

ID. CITY OR TOWN OF DEATH USA DIVORCED Anne Arundel County IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS StateofMd.-MaintenanceSuperviso Fort Meade Kimborough Army Hospital LAL RESIDENCE UE IN NUMBER ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Us STATE 13c CITY OR TOWN COUNTY No \*\* 1451 Kent Road 21221 Balto. Md. Essex FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mizell Joe Marie == 7. INFORMANT 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS ES, NO, OR UNKNOWN) Sharon Mizell 1451 Kent Road 21221 217-40-0587 18 CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) Diabetes Mellitus DED TO THE CHIEF AS SHOULD BE USED. EDEPARTMENT OF HELD THE PRICE TO BURIAL IN 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [ 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM FTC ) CITY OF TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAJTIMORE, MARYLAND, 2 220. I certify that I took sharde of the remains described above, held an Autopsy Inspection ond in my apinian death resulted from Notural/kouses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-6-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 17 (VR AT5 ME (5))

24 FUNERAL DIRECTOR

Burial

10/9/87

23c NAME OF CEMETERY OR CREMATORY Moreland Memorial

23d. LOCATION

BAltimore Maryland

Connelly Funeral Home 300 Mace Ave. 21221

(VR A15 ME (5))

STATE OF MARYLAND

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

69305 OCT 2	87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	io.	(a) the	1
in the		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		AY YEAR	2h HOUR
noy be	{TYPE	OR PRINT) KENTON	DEX	KTER	MULLI	ENAX, Sr.	October	16, 19	87	AM
moy pod	3. SE	(	4 RACE		5. DATE OF BIRTH		6. AGE   IN YEARS LAST BIE		FUNDER I YEAR	IF UNDER 24 HRS
ge 4	N	Male	White		July		70	YRS	UNINS DATS	HOURS MIN.
Page 1 Pa		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
Tool 12 72		rginia	77 0 3		WIDOWE	D DIVORCED	Anne Arund			MD.
à 11/3/		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESSOR
201		Crownsville 342 Cedar Trail (Harold Harbor) Lineman (Ret) BG&E Co.  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 348 STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 2.16							0.	
aND 21	Ma	aryland Anne		130 CITY OR TOW Crownsv:		YES NO X	13e STREET ADDRESS 342 Cedar	/ ZIP CODE Trail	(Harol	21032 d Harbor
RYL Within	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
MA GOOGO		enton	L.	Mullena		Ollie			bogast	
ond on dico		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT (Wife				
TIMO on o s. Po		No N/	A	212-05-5	945	Mrs. Helen	Mullenax	Same	as #13	
TON ST., BAI oth certificate ending physic e corbon pope in, or removal, maric event, th			TE CAUSE (0)	or AS AISONSEQUE	400	wis of u	nagign	ion	BETWEENO	MATE INTERVAL INSET AND DEATH
ot W. PRES that the de d by the att lease remaviol, crematio		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	((c)_	OR A CONSEQUE	Non		y.			
RDS, 2 equires equires Then p r to bur nijury,	NO	PART 2 OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO S	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVE	N IN PART 1 o	
he low rank has bee hos bee to period ows any	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. of the this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or them. Il 8 shows gay injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PA	RT I OR PART 2}	
IVISION IG PHYS affending ter this c s the bur and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ENDI rol or ruse Heal		27s 1 certify that (I) this house the deceated files of obove, (I) then (did (did n	101	11	7 "	d that ir (my) bur   opinion	death occurred on the o	date and hour	ond from the c	hor [1] we) lost ouses stated
ITAL OR ATT by the hospin ERAL DIRECT detoched for State Dept. of		276 SIGNATURE	nu	~		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI		22c. DATE	16 18 7
O HOSPITAL etained by th TO FUNERAL should be det with the State		Dr. George C				205 Ridgely		olis, M	d. 2140	)1
BP	23a. l	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23h DATE Octob 19	er 19,		EMETERY OR CREMATORY  Mem. U. M. Ch			.A. Mar	
DHMH - 16 60M 7/84 (VRA 15, 4)		ngleton Funera	Home,	l Second Glen Burn	Ave. ie, M		20 1987	RISS. REGISTR	AR'S SIGNATI	PRE PROPERTY OF THE PROPERTY O

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE

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0 01	REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0		3
	DECEASED NAME FIRST	WIDDLI	Ę	L	AST /	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	HAR	N		Mo	IRR AV		13 17	87	1:350.
3. S	SEX M	4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER I YEAR	IF UNDER 24 HRS
	//(	BLACK		MONTH 2	16 DAY 1916	71	MONTHS	DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	3		9 BALTIMORE CITY C	YRS. DR COUNTY OF DE	ATH	
V	MARYLAND	U.S.A.		MARRIED	DIVORCED D		UNDEL COU		
-	CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING	HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT			MD BUSINESS OR
	EN BURNIE	NORTH	ARINDET.	HOSP	<b>ፐጥ</b> ልፒ.	TRUCK DRIVE	OF WORKING LIFE) IND	DUSTRY	
70.00	UAL RESIDENCE (IF NURSING HOME I. STATE RYLAND 136 CO A.A.	OR OTHER INSTITUTION, GIVE UNITY	SEVERBLA	PARK	YES   NO	13e.STREET ADDRESS 835 Manha	zip code attan Bea	ch R	1146
	FATHER'S NAME FIRST HARRY	MIDDLE N.	LAST MU	JRRAY	15 MOTHER'S MAIDEN NAME FIRST BERT	MIDDLE	PACK	LAST	
16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b	SOCIAL SECURI	TY NO.		verna Park			
	(AEZ MOOB ANKHOMM) (IR AEZ	2:	16-07-06	41	EDITH MURRAY				
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line	for (a), (b), and (	ci.1 (	7	//			ATE INTERVAL NSET AND DEATH
		SEĎ BY: ATE CAUSE (a)	ARDIO	3-1	KESPIRAT	ORY HR	REST	-	)
CERTIFICATION	PART 2 OTHER SIGNIFICAN  CHRONI  19a DATE OF OPERATION	COBSTI	RUCTI	VE &	NOT RELATED TO THE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NOTH	DITION GIVEN IN F	FINDING	
W W	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ			21c HOW INJURY OCCURR			PART 2)	
N N	OR CONTRIBUTING CAUSE OF I	CAIN	MONTH DAY	YEAR 19					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN	AJURY ACTORY, OFFICE, FARA		211 LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
	22a. I certify tha (1) (this hose sow the deceased olive abave (1) we) (did) (did	n OCT 2	10 8	SEP Z, one	that in (my) (our) opinion d	eath occurred on the do	ate and hour and fr	om the co	auses stated
	226. SIGNATURE	P. Wate	Faulsa		ATTENDING PHYSICIAN	MEDICAL STAIL	FF	CDATES	IGNED
	BARRY	R. NATH	ANSO	N	51 FRANK	LINST.	ANNAS	2/	us.
23a	BURIAL, CREMATION, REMOVA			ME OF CE	METERY OR CREMATORY	23d LOCATION	COUNT	TV	STATE
	JRTAL	10-21-19		NELAV	N MEM. PARK	Annapol		M.	SIAIC
24. F	FUNERAL DIRECTOR Ann	apolis, Md.	21401 RY, P.A			REC'D. BY REGISTRAR			To and

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed lishald be detached for use as the buriol-transit permit. Then pleawith the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician

(VRA 15, 4)

069968

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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968	00	12	FOR STATE 7REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								EST	
000			I. DEC	EASED NAME	FIRST				AST	20		DA HINC		26 HOUR	
poge 3			,,,,,	JOHN		Frederick			OLAND		OCTOBER		1987	815 PM	
mo f. po			3. SE)	X		4. RACE  White  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.			5. DATE OF BIRTH MONTH DAY YEAR		AGE (IN YEARS LAST BIRTH		ONINS DATE	HOURS MIN.	
Poge 4				Male	Dec			. 27 19	903	83	TY MD.				
eoth. Po	44	<	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY)  aryland				WIDOW		CED		BALTIMORE CITY OR ANNE AR			
s ofter o	1	4	10 CI	GLEN BURNI	11. NAME OF HOSPITAL, NURSING H				TION 12	type of work for most of v Baker	INDUSTRY Baked	Goods			
24 hours	-gab	3	13g S	AL RESIDENCE (IF NURSIN TATE Eryland	36 COUN	OTHER INSTITUTION,	GIVE RESIDENCE B	efore admission) IOWN Surnie	138. INSIDE CITY L	IMITS? 13	street address / 7900 Benes	ch Ci	21 rcle A	.061 pt 760	
d within		7	14 FA	THER'S NAME FIRST John	,	MIDDLE	F. O	land	15. MOTHER'S MA	arvlanc	MIDDLE Eliz	a.	LAS	51	
e exècute	medicol	29		AS DECEASED EVER IN		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRESS	5			
to low requires that the death ceron.  on.  has been signed by the offending	ene prior to buriol, cremotion, or regers only injury, or other troumotic		CERTIFICATION	Conditions, if ony, gove rise to imme couse [O], stoting underlying couse  PART 2. OTHER SIGNI  SIVE  19a. DATE OF OPERAT(6)	diote the lost.	ONDITIONS CO	R AS A CONSE	TO DEATH BUT	NOT RELATED TO SUSPENDING WAS PERFORME	ell	ALDISEASE OR CONDU	TOR GENES,	N IN PART 116 WERE FINDIN	NGS USED	
g physicil	entol Hygintem 18 sh			210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	111	M. MONTH	DAY YEAR		Y OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PAI	RT 1 OR PART 2}	EST-	
or offendin	olth ond Me		MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK 22s I certify that (1)	R. R.	Minch	and he	1000	211 LOCATION STREET	. 68	CITY OR TOWN	be. 2	COUNTY	STATE that (In we) last	
ATTENI lospitol	of of He			sow the decadsed obove, (1) (we) (did	alive on (did no	Ochwar Ne body	ofter death		nd that in (our	r) opinion dec	oth occurred on the dote	ond hour		couses stated	
TAL OR	tote Der			0.0	. /	Spur	beh	M-1	). ATTER		MEDICAL STAFF DIRECTOR PHYSICIA		10-	1	
O HOSP etoined b	with the S			DR JERR		SKARBE	K	31	22e ADDRESS		8 MOUNTAIN MARYLAND 2		9,44		
BP	s 3 <u>₹</u>			SURIAL, CREMATION, RI SPECIFY) Burial	EMOVAL	10/28			ross Ceme		23d LOCATION CITY OF TOWN Baltimor	е	A,A.	STATE Md	
DHMH - 16		/84		ineral director	nce			lgwy Bal	to Md		T 2. 7 1087		AR'S SIGNAT	n. Randale	

YOUR ASHIMBEL COUNTY

F- -- 01AVA 0170308 25, 1987 815 78

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PASADINA, UNRYLAND 21122

CLEN HUBBIES NORTH ANDROY DESPETAL CALLS

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DHMH - 16 60M 7/84

(VRA 15, 4)

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					REG. N	10.			
	{TYPE	CEASED NAME FIRST	RIS Cassells			31ds	20 DATE OF DEATH	7-87	3 45 3 45		
3	SEX	F	1 RACE	)	5 DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DATS	HOURS MIN.	
117		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8				9. BALTIMORE CITY		Y OF DEATH	1	
		Illinois	USA		WIDOWE		Anne Ar		MD		
5	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NUI TH FACILITY, GIVE ST		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIE	FEI INDUSTRY	OF BUSINESS OR	
1		nnapolis				ral Hosp.	Housewif	īe	Hous	sehold	
	13a. S	AL RESIDENCE HE NURSING HOME OF STATE 136 COUR		13c. CITY OR T	NWO	134. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 2576 Twir	/ ZIP CODE	ding	21401	
1	4 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDOLE		1.4	ST	
2	- (	Griffith Jo	hn	Cass	ells	Irene	J.		Lor	ig	
T		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIALS		17 INFORMANT	ADDR	125 C	entral	L St.	
		No		32822	8974	Marjorie C.		vanst	on, Tl	11.6020	
		18 CAUSE OF DEATH (Enter of	nly ane cause per	line far ioi, ib	frace of	1 0	0	1	BETWEEN	XIMATE INTERVAL ONSET AND DEATH	
		PART I. DE ATH WAS CAUSED BY melastate lung canel									
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which ( (b)									
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause last.									
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	Chrome of obstructive									
1	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?		
	TIF						YES NO		ES 🗌	NO 🗆	
MEDICAL CER		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME C		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 I	PART I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	4114	м.	19						
	ED	21d INJURY OCCURRED	21e PLACE	OF INJURY	EICE EARM EIC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	2	AT WORK NOT WHILE		TET TACTORY, OF	m.c. rann, erc. j	-	7	10	07		
		220.1 certify that (1) (this hasp	ital) attended th	deceased fro	om /	. 19		///	19	tha (I) (we) last	
		220.1 certify that (1) (this haspital) attended the deceased fram  sow the deceased alive on abave, (1) (we) (did not) view the bady after death									
		77h SIGNATURE DEGREE									
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								118/01	
		774 PHYSPEAN'S NAME THE CHARLES 220 ADDRESS							. 6	2140	
		1601 12er	62			2568 4 1	eva Rd	ans	nagoli	1 MO	
1		BURIAL, CREMATION, REMOVAL	236. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(	Burial	10/2	1/87	Arling	gton Nat.	Arling	ton A	rling	ton Va.	
		UNERAL DIRECTOR				250. DAT	E REC'D. BY REGISTRAL	R 256. REGIST	TRAR'S SIGNA	TURE .	
	Ha	rdesty Funer	al Hom	e, Ann	apolis	s, Md. 00	1 2 0 1987	Julia	Dunder	Rondoes	

4- 1	1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 7	<b>შ</b> ა	4
0695:09 0		23°87 E1S	FIRST ie		M.	Palm	er		MONTH DA 1987	Y YEAR	26 HOUR AM
0 0 0	3 SEX	(		4 RACE		5 DATE C		6. AGE IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
A special spec	_	emale		white		July		85	YRS		HOURS MIN.
1282		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		NEVER MARRIED	Anne Arun	_	F DEATH	
1 1100	10 (1	VA	Tu		SA	WIDOWE	DIVORCED A	170 USUAL OCCUPAT		12h KIND OF	MD. BUSINESS OR
1 190	Annapolis			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	cent Center	(TYPE OF WORK FOR MOST OF Waitress		INDUSTRY Hotel	BUSINESS OR
114	USUA	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Van Buren	ZIP CODE	Ridge A	we/21402
1 34	11 5 4	MD THER'S NAME	AA		Annapo	112	YES NO		or hay i	.trage 1	102
1001		bert	E.	AIDDLE	Harper		Mary	WIDDLE		Matthe	ews
Poper 1	WAS DECEASED EVER IN U.S. AR  (YES, NO OR UNKNOWN)  (IF YES, GIV  N  a			WED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 231 12 9		17 INFORMANT Emma Halter	PO Box 317		BEach,	, MD 2071
that the death certific the that the death certific to the the certific that the cer		Conditions, if ony, gave rise to imm cause to, storin underlying cause	which mediate g the	DUE TO, O	R AS A CONSEQUE	NCE OF	Den's 1/15	1st		aut	nou
in price district of the price	NO	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
1	FICAT	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (	
CIAN. T	CAL CERT	210. ACCIDENT WAS UNCO	AUSE OF DEA	In .	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T I OR PART 2)	
E 9 1 4 2 5	MEDIC	21d. INJURY OCCURE	RED		OF INJURY	1044 FTC 1	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
the state of the s	×	NOT WH	KK 🗆	TAT HOME SI	REEL PACIONY, OFFICE, FA	ARM, ETC )			/		
CHARTENDIA DIRECTOR: A sched for use Dept of Heal		22a   certify that (1) saw the decease above, (1) (well- 22b SIGNATURE	ed alive on.	91	3/ 19-6		nd that in (my) (per) opinion DEGREE ATTENDING	. MEDICAL STA	(FF	22c DATE S	
D HOSPITAL Hoined by III O FUNERAL hould be det		IN PHYSICIAN EN	AME ITHE CI	ochu	au le	1	PHYSICIAN 220 ADDRESS	ray Ave	CIAN D.	ujet	6 26
Es para	23a. E	URIAL, CREMATION,	REMOVAL	23b. DATE	236 1	AME OF C	EMETERY OR CREMATORY	23 LOCATION	/	/	1190

Cedar Hill

DHMH - 16 60M 7/B4 (VRA 15, 4)

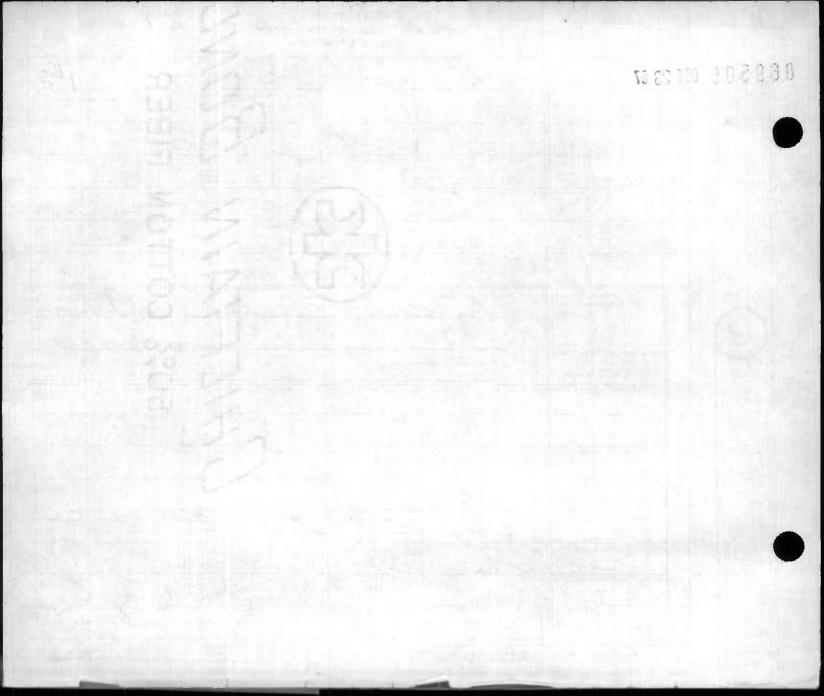
24 FUNERAL DIRECTOR

cremation

NATRausch FH OWINGS, MD AD 20736

10-15-87

Suitiand PG colinary 250 PATEREC D BY REGISTRAR 256 REGISTRAB'S, SIGNATURE Gulla Dendon Rudors



that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital ar attending physician.

06923

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO

	REGISTRAR				CERTIF	ICATE OF D	EAIN		REG. NO	D		
T 215	DECEASED NAME	FIRST		MIDDLE		AST			F DE ATH		DAY YEAR	26 HOUR
" 211	Dre OKPRINI)	ISABE	LLE (	NMN)	PAI	RDOE	(	CTOBE	R 17,1	1987		338
3.	SEX		4. RACE		5. DATE C		140	6. AGE (IN	YEARS LAST BIRT		MONTHS DATS	
- 2	Female		White		Jan.	24, DAY	L904		83		MUNINS DATS	HOURS MIN
7 7	a. BIRTHPLACE (STA	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	APPED T	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	
	Czechosla	akia	USA		WIDOWE	7.7	ORCED		A	nne A	runde1	Co. M
4	GLEN BURN		NORTH	HOSPITAL, NURSIN HACILLY GIVE SPREET ARUNDEL	ADDRESSI	TAL	NOITUT		occupation of the occupation of the contract o		E) INDUSTRY	OF BUSINESS O
1	JSUAL RESIDENCE (# 130. STATE Maryland	13b COU	VTY	GIVE RESIDENCE BEFORE  131. CITY OR TOW  Glen But	N	13d. INSIDE CI	TY LIMITS?	13e. STREET 101	ADDRESS Dicker	ns Sti	reet 2	21061
0	4 FATHER'S NAME FIRST Stephen	1	WIDDLE	Fixmer		15. MOTHER'S Mary	IRST	ΑE	WIDDLE		(UNK	NOWN)
1 10	60 WAS DECEASED I	W) I (IF YES, GI	E WAR OR DATES!	166. SOCIAL SECU		17 INFORMAN	,	sband)	ADDRE			
	No	N/	A	219.14.1	1611A	Alber	t H. Pa	ardoe		Sa	ame as	#13
	PART 2 OTHER	immediate stating the ause lost	( Ic)	R AS A CONSEQUE	un	NOT RELATED	to the term	INAL DISEAS	TO CONF	ITION GIV	EN IN PART I	l(a
X	190 DATE OF OF			ITION FOR WHICH	OPERATIO			YES [	NO	IN CERTIF	s 🗍	S OF DEATH?
		_	HOUR A.	M. MONTH DA	YEAR	21c HOW IN	IURY OCCURE	RED (ENTERN	ATURE OF INJUR	RY IN ITEM 18 P	PART   OR PART 2)	
	21d. INJURY OC		21e PLACE		ARM, ETC )	71f. LOCATIO STREET	N	40	CITY OR TO	wn	COUNTY	STATE
	220 Certify the	(h (this hasp	11.1-1	e deceased from	1an	nd that in (fix)	our) opinian	to Court	ed on the do	ote and hou	19.87 r and from th	, that (1) (ve) a
	77b. SIGNATUR	D,	Som	bek.	M	· ) . P	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🗌	120 DAT	17-8
	22d HYSICIAN JERR	_	ARBEK M	,D.	)	3708 M	OUNTAL	N ROAL	PASA	DENA I	MARYLA	ND 21123
1	30 BURIAL, CREMAT	ON, REMOVAL	73b. DATE	23€. №	NAME OF C	EMETERY OR C	REMATORY	23d LOC	ATION Y OR TOWN		COUNTY	STATE
	Bur		Oct. 2	20, 1987	Glen	Haven M					A A Co	
1 2	4 FUNERAL DIRECTO	R R. A	. Hopk	ADDRESS			0.00	E REC'D. BY	REGISTRAR	256 REGIST	RAR'S SIGNA	ATURE
	Singleto	n Funer	al Home	GLen Bu	rnie,	Maryla	nd UGT	201	987. 4	whoods	14:2001-1	ongotto

### STATE OF MARYLAND DEPARTMEN

T OF HEALTH AND MENTAL HYGIEN	IE O	1	2	1	8	5	4
EXTIFICATE OF DEATH		REG. N	10				
LAST	DATEO	CDEATH	MINOM	DAY	VEAD	21 11011	0

0.0000000	1-	FOR STATE GISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE REG.	VO.	d	34
068838 OCT		LASED NAME FIRST		WIDDIE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	Th HOUR
A 0.5	LINE	OR PRINT)	TONAS		P	ARKER	\$ 2773.9EF 1	10 13	87	of sm
6 00	3.36		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST			IF UNDER 24 HRS
4 15	MAI	Æ	BLAC	K	3 MONTH	31° 1894	93	YRS.	HS DAYS	HOURS MIN.
1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		RTHPLACE (S ATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
		TYLAND  TY OR TOWN OF DEATH	U.S.			DROTHER INSTITUTION	12a USUAL OCCUPA	RUNDEL CO		MD. BUSINESS OR
=101/15(A)		APOLIS	LIE NOT IN SU	CHEACILITY GIVE STREET	DORESSI	CENT CENTER	TYPE OF WORK FOR MOS	OF WORKING HEET I	NDUSTRY	BUSINESS OR
11-33	13a S				ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Govern	zip CODE ors Bride	ge Roa	035 d
1 1000	14 FA	THER'S NAME FIRST JOHN	WIDDLE	PARKE	R	15 MOTHER'S MAIDEN N	MIDDLE	I	PARKÉR	
	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT A	mapolis, AM			
W Part	(	NO OR UNKNOWN) (IF YES	S GIVE WAR OR DATES)	214-30-	4355		OGUE 214 Bo			50
	3	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one cause pe	er line far ig . /bi, and	dic	FrILURE			APPROXIM BETWEEN OF	ATE INTERVAL
RDS, 201 W, PRES equine that the dis right by the ath Then please emore ris berrol, cremation injury, or other traus	NOI	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last	DUE TO, (c)	OR AS A CONSEQUE	NCE OF	ACCER OF		ndition given i	N PARÎ Îla	
Part of the second	TIFICAT	19a DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES (	GS USED OF DEATH?
CEAN TO Physics of phy	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A	OF INJURY A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I	OR PART 2)	
VISION PARTY OF PARTY PA	MEDI	21d INJURY OCCURRED		E OF INJURY TREET FACTORY, OFFICE F	ARM, ETC )	21f LOCATION STREET	CITY OR	rown	COUNTY	STATE
MTENDIN pholo or TO the April of Health of Health	1	22a.1 certify that (I) (this h saw the deceased alive above, (I) (mer (did) (di	e on do view the bad	the deceased fram_19_0	15 m	nd that in (my) found opinion	n death occurred on the	date and hour an	67, the	nat (l) <del>(we</del> ) last ouses stated
AL DIRECTOR OF THE PROPERTY OF		27% SIGNATURE	colo	on in	.D.		MPDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	orth	IGNED 7, 191
O FUNE MARKET STATES		220, PHYSICIAN'S NAME (1	RO ANT	M.X.		16/6 FT	cost on, io	ma	moris	2140
20 2213		BURIAL, CREMATION, REMO				EMETERY OR CREMATOR	23d LOCATION CITY OF TOWN	cc	VINU	STATE
BP		BURTAL UNERAL DIRECTOR A	116-16	-1987 L	AKEMO	NT CEMETERY	ATE REC'D, BY REGISTR	son ville	SSENA	Marylan
DHMH - 16 60M 7/84 (VRA 15, 4)	WI:	NAME		Md. 2140 RTUARY. P.		00	T 1 5 1987	La De	ndern-K	endals

PLANTED COTTON 

configuration and different first

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

27835

1	1. DECEASED NAME FIRST	WIODIE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR			
		ward Jacob Parr			10/14/87		M			
1	3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEA				
	/ Male	Caucasian	7/23/22	DAY YEAR	65	YRS	S HOURS MIN.			
1	To. BIRTHPLACE   STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNT	RY? 8.	VER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH				
1	Maryland	U.S.A.	WIDOWED	DIVORCED [	Anne An	undel County	MD.			
1	CITY OR TOWN OF DEATH \$ 11. NAME OF HOSPITAL, NURSING HOME OR OTHE			RINSTITUTION	120. USUAL OCCUPATE		OF BUSINESS OR			
1	Pasadera	8030 Forest Gle	n Drive		Electrician		1 #24 I.BW.			
1	UAL RESIDENCE I IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE B		IDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE 2	21133			
1		timore Randal		- 4.4	3804 Brownhi	11 Road				
3	ATHER'S NAME FIRST	MIDDLE LAST	15. MOT	HER'S MAIDEN NAM	ME		AST			
q	George Parr			Amanda Weber	r					
7	HILL WAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL S	SECURITY NO. 17. INFO	DRMANT Mrs. Z	Zelma Parr <sup>ADDRE</sup>	SS				
	No	214-1	6-6436 380	4 Brownhill	Road 1	Randallstown M				
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b	i, and ici.i		1-1	S BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH			
1		E CAUSE (o)	dente	myo	count and an	family ly	wed			
1		DUE TO, OR AS A CONSE	QUENCE OF	~ /						
	Conditions, if ony, which	Conditions, if ony, which (16) Asevi) 6 year								
1	gave rise to immediate couse (0), stoting the	DUE TO, OR AS A CONSE	QUENCE OF			A				
1	underlying cause lost.	(c)								
1	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART	Ita			
4	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING									
ď	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE				
	T L	AN 7005 OF BUILDING	122 440		YES NO	YES 🗌	NO 🗌			
	00.000,000,000,000	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)				
	I IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19							
1	216. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF		STREET	CITY OR TO	wn COUNTY	STATE			
1	AT WORK AT WORK			11		05				
1	22a I certify that (1) (this hospit sow the deceosed alive on	0125	C - >	19 60	10 10	19 8	, that (I) (we) lost			
ı	obove, (I) (we) (did) (did na			(my) (bur) apinion of	death occurred an fhe da	ate and havr and from th				
1	22b. SIGNATURE	00.	DEGREE	ATTENDING I	MEDICAL STAF		TE SIGNED			
	1 VY	Mr. so			MEDICAL STAF	IAN [	-15-87			
	224 PHYSICIAN'S NAME PAPE O		22e. AD							
4	Dr. Mortor				d Court Road	21133				
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c NAME OF CEMETERY	OR CREMATORY	236 LOCATION CITY OR TOWN	YINUOS	STATE			
1	Burial	10/16/87	Woodlawn Cen		Woodlawn B		MD			
		g Byers Funeral, D	-	25e DATI	REC'D BY REGISTRAR	25) REGISTRAR'S SIGNA	RE			
	8728 Liberty Road	Randallstown Mar	vland 21133	UU	1 1901	Thursday.				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

100 8 t T30

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3, should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages Tond 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may Ee

retained by the hospital or attending physician

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

_		FOR
1	-	STATE
		DECISTRAD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NIO
REG.	NO.

1 DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3 67	PRPRINTI ALAMA	11	Dania	10	21 87 150
	Hauri		rayne	10	3/ 01/20
3 SE)	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR IF UNDER 24
	NI	( -	MONTH DAY YEAR	73	
7. 011	RTHPLACE (STATE OR FOREIGN	THE CHARGE AND AND COUNTY		A DALTHAODE CITY O	YRS.
/a. DII	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	J. BALTIMORE CITY O	R COUNTY OF DEATH
(	DHTO	0.0.14	WIDOWED DIVORCED	1 Anne Ari	undel (tu
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NI	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 176 KIND OF BUSINES
/	1	A (IF NOT IN SUCH JACILITY, GIVE		TYPE OF WORK FOR MOST O	
4	mnapolis	Anne Aruna	el Gen. Hospita	CLAIMS MAN	AGER INSURANC
USUA	AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	4	
13a. S	TATE) 13b. COUI	13c SITY OR	TOWN / 136 INSIDE CITY LIMITS?		Λ
	110 19-1	4. CO. HANN	APO/IS YES NO 12	1904 1ho	omAS IJR. 02/90/
14 FA	ATHER'S NAME		15. MOTHER'S MAIDEN I		1 /
11	CALLERST T	MIDDLE POLITIE	D / I/ FIRST	MIDDLE	Mad LAST
171	PhA homi	ts PATOR	JK. CATherine		111612
			SECURITY NO. 17. INFORMANT	ADDRE	ESS
	YES, NO OR UNKNOWN) (IF YES, GI	TI 280-0	05-6371 Christine	PAYNE #	13 P
. 54	13	12000	13-03 11 CIKIS 1111	111110 4	130
	18. CAUSE OF DEATH  Enter or	nly one couse per line for (o), (l	bi, ondici.i		APPROXIMATE INTERVA BETWEEN OMSET AND PE
-	PART I. DEATH WAS CAUSE		Mian Honoet		THAT
	IMMEDIA	TE CAUSE (o)	wac a 1631		LASTARI
			4 / ~		
		DUE TO, OR AS ALCONS	SEQUENCE OF		
	Conditions if any which	DUE TO, OR AS A CONS		lease	
	Conditions, if ony, which		endry Artery L	rease	
	Conditions, if ony, which gave rise to immediate cause (a), stating the	(b) Core	mary Hotery L	rease	
	gave rise to immediate		mary Hotery L	rease	
	gave rise to immediate cause (a), stating the underlying cause last.	(b) PTO  DUE TO, OR AS A CONS  (c)	endry Hotery D		
7	gave rise to immediate cause (a), stating the underlying cause last.	(b) PTO  DUE TO, OR AS A CONS  (c)	mary Hotery L		DITION GIVEN IN PART 110
NOI	gave rise to immediate cause (a), stating the underlying cause last.	(b) PTO  DUE TO, OR AS A CONS  (c)	endry Hotery D		DITION GIVEN IN PART 110
ATION	gave rise to immediate cause (a), stating the underlying cause last.	(b)	endry Hotery D		206. IF YES, WERE FINDINGS USED
FICATION	gove rise to immediate cause (a), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b)	SEQUENCE OF	RMINAL DISEASE OR CONI	
TIFICATION	gove rise to immediate cause (a), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b)	SEQUENCE OF	rminal diséase or coni	206. IF YES, WERE FINDINGS USED
CERTIFICATION	gove rise to immediate cause (a), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b)	SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE TE WHICH OPERATION WAS PERFORMED  [216 HOW INJURY OCC	RMINAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
L CERTIFICATION	gove rise to immediate cause (a), stofting the underlying couse last.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION)	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196. CONDITION FOR W	SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE TE WHICH OPERATION WAS PERFORMED  [216 HOW INJURY OCC	RMINAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
	gave rise to immediate cause (a), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS  (c)  196. CONDITION FOR W  176. TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE TE WHICH OPERATION WAS PERFORMED  [216 HOW INJURY OCC	RMINAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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CAL	gove rise to immediate cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (LIF EITHER NOTHY MEDICAL EXAMINE AL WORK NOT WHILE AL WORK ON TOTAL WORK OT WORK  270.1 certify that (1) (this hosp sow the deceosed olive or	DUE TO, OR AS A CONS  (c)  196. CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O)  (tol) attended/the deceosed f	SEQUENCE OF  SEQUENCE OF  STO DEATH BUT NOT RELATED TO THE TE  WHICH OPERATION WAS PERFORMED  H DAY YEAR  19  211. HOW INJURY OCCI  STREET  211. LOCATION  STREET  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY?  YES NO NOTICE NATURE OF INJUST  CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO RY IN ITEM 18 PART 1 OR PART 2)
CAL	gove rise to immediate cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (LIF EITHER NOTHY MEDICAL EXAMINE AL WORK NOT WHILE AL WORK ON TOTAL WORK OT WORK  270.1 certify that (1) (this hosp sow the deceosed olive or	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196, CONDITION FOR W  1716, TIME OF INJURY HOUR A.M. MONTH P.M.  216, PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE TE  WHICH OPERATION WAS PERFORMED  19  21c. HOW INJURY OCCI  19  21l. LOCATION  STREET	200 AUTOPSY?  YES NO NOTICE NATURE OF INJUST  CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STA
CAL	gave rise to immediate cause (a), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIPE ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  27a. 1 certify that (1) (this hosp saw the deceosed alive or above, (1) (aug. 14 dish did not or obove, (1) (aug. 14 dish did not obove, (1) (aug. 14 dish dish did not obove, (1) (aug. 14 dish dish dish dish dish dish dish dish	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196, CONDITION FOR W  1716, TIME OF INJURY HOUR A.M. MONTH P.M.  216, PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF  GTO DEATH BUT NOT RELATED TO THE TE  WHICH OPERATION WAS PERFORMED  19  211. LOCATION  STREET  19  19  211. LOCATION  STREET  19  ATTENDING  ATTENDING	200 AUTOPSY?  YES NO NO NOTION	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		DECEASED NAME FIRST	10070	MIDDLE	ı	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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ALT ALT ale b pers. al.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for Id. (b), on	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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- Caracas	23	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	_	BURIAL	10-22-			LVARY CEME.	Amol	d A	A. Ma:	myland_
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10/24/87

Raymond C. Fink Glen Burnie, Md. 21061

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IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

Howard

22¢ DATE SIGNED

10-22-

YES [

IN CERTIFYING CAUSES OF DEATH?

SHAWGO

Homemaker

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

61206

STATE

Md

2h HOUR

MONTH

REG NO

20 DATE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

FOR I tem 5, Per. call with FDEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDDLE

1 - STATE JO/26/87jab

230 BURIAL CREMATION, REMOVAL 236, DATE

BURIAL

24 FUNERAL DIRECTOR

Meadowridge Park Elkridge

DHMH - 16 60M 7/84 (VRA 15, 4)

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the funeral director page 3 d within 72 hours this death

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IMPORTANT: If Nem 21 is marked or Item 18 shews any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR, After this certificate has been signified by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH								
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İ			tal) attended the deceased fram		19.81	10 /6-14	198	7	that (I) (we) last		
		sow the deceased alive an		02	nd that in (my) (our) opinion d	death accurred on the d	ote and hour an	d from the	causes stated		
		22b. SIGNATURE	Julium	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	10 -1	SIGNED		
1		TO GU D J.	Az/Coun		833 Ams	17 D , 14	riceroles	, KH	12,401		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IENE)	1
CERTIFICATE OF DEATH		-45
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87 STATE REGIS			DEPART		IEALTH AND MEN			REG. NO.		) •		
1 DECEASED		M	IDDLE	1	LAST		2a. DATE OF DE		DAY	YEAR	2h HOL	JR
(TYPE OR PRINT)	Mildred	Lu	cretia	Ro	gers			1-0	17	87	9:	50P
3 SEX		4 RACE		5. DATE C		6	AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	775
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		11. NAME OF H	OSPITAL, NURSIN	NG HOME C	TION I	120 USUAL OCCUPATION 12b. KIND OF BUSINE						
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14 FATHER'S		MIDDLE	LAST		15 MOTHER'S M		E					
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In WAS DEC	CEASED EVER IN U.S. ARA		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	100		ADDRESS				
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(SPECIFY)	CREMATION, REMOVAL Burial	23b. DATE 10/21			eld Cem		23d. LOCATIO		coun A.		Md	STATE
24 FUNERAL		10/21	/ 0 /   WC	JOULI	era cem	250. DATE		SIRAR 256. RE		-		4.0
	sty Funer	al Hom	ADDRESS Anna	poli	s. Md	00	12019	8/ 2	ma dist	CONT	Carre	

Hardesty Funeral Home, Annapolis, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

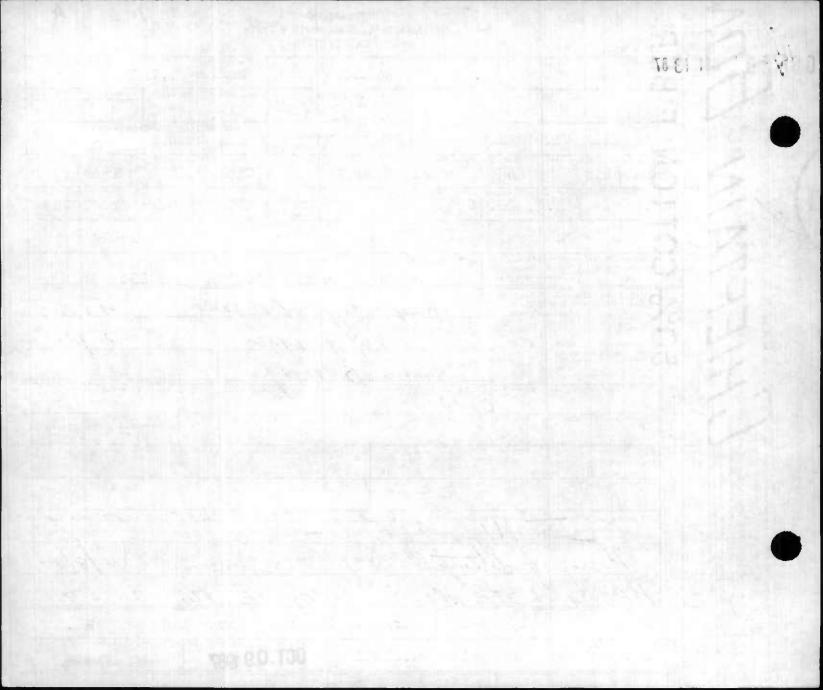
ecoth. Page 4 may be \$89.0 more coll director, page 3 no.72 hours ofter death

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO						
OCT I	3.8	EASED NAME FIRST John	N.	-	atten		7,198°		26 HOUR M			
3	3 SE)	Male	4 RACE White	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.			
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Selfice S	A.	nnapolis	Anne Arundel	Gen		OTEL GALOCCUPATION	ON FWORKING LIFE)	MINITES	try			
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30	14 FA	John N.	Routten		Virginia	WE	I	Pablo				
dicol		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT	ADDRE	SS					
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TANT: # Hem		obove, (1) (was idid in did view the body offer death.  226 SIGNATURE  DEGREE  ATTENDING: MEDICAL STAFF PHYSICIAN DIRECTOR PHYS										
IMPORTAN		122d PHYSICIAN'S NAME (TYPE &	1 STEINIEL		SHADY 511	DE MO	, ,	2086	7			
31	23g B	SURIAL CREMATION REMOVAL	10-10-87 Parklawn Cemetery Rock Wille County Md.									
A 7/84	24 FL	INERAL DIRECTOR T. A. Hardesty	y Annapolis™Mo	.214	01 OCT	0.9 1987	25b. REGISTR	AR'S SIGNAT	URE			

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

(TYPE OR PRINT)

3. SEX

13a STATE

NO

CERTIFICATION

WEDICAL

(SPECIFY)

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

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STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO I. DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 26. HOUR ECIZARGI M. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS HINOM AUGUST 22. 1909 EMALE HITE 78 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON, DC ANNE ARUNDEL USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS PERSONNEL OFFICER F.A.A. ANNE ARUNDEL GENERAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDE 2990 W. FRIENDS ROAD 21401 ANNAPOLIS NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ELIZABETH THOMAS RAFTERTY CONWAY 17 INFORMANT SON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 10408 CONOVER DR. LYES NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 579-03-5129 EDWARD F. ROWZEE, III/SILVER SPRING, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20902 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o RIEEN MOS. Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [] YES 🗌 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 220 I certify tho (1) (this hospital) attended the deceased from \_ TANS sow the deceased alive on October (I) we) (did (did no) view the body after death and that in (my) our) opinion death occurred an the date and hour and from the couses stated 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL 28 ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN BURIAL OCT 30,1987 FT. LINCOLN CEMETERY BRENTWOOD PRINCE GEORGES MD 24 FUNERAL DIRECTOR 750 DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE FRANCIS J. COLLINS, JR.

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BP. DHMH - 16 60M 7/84 (VRA 15, 4)

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ADORESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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MARKETE GUSTFORTH OCTOBER 29, 1987 1050 AN

ANNE ARUNDEL COUNTY

GLES MENTEL NORTH ARMEDIA, NOSPITAL

525 MOSPITAL DRIVE, SUITH 108 BENJAHIN A. BENJINAN, M.D. CLER BURNIN, MARYLORD 21061

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIER

		REGISTRAR				CERTIFI	CATE OF DEATH	REG. NO.							
1		EASED NAME	FIRST	A	AIDDLE	L	A\$1	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR				
	linke	C1a	yton	Phil	brick	San	tmyer	October	9	1987	27AM				
	3. SEX			4. RACE		5 DATE O	,	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.				
		male		White		Jan,		80	YRS	UNIHS DATS	HOURS MIN.				
-	70. BIRTHPLACE (STATE OF FOREIGN 76 CIT				WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY C	9. BALTIMORE CITY OR COUNTY OF DEATH						
Maryland				USA		WIDOWE		Anne Al	MD						
1	10 CI	TY OR OWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT	12b. KIND OF BUSINESS OR						
1	6	Ten Burn	ie	North A	1 1 / 1	ve lesce	ent Center	Store Keeper		West,	Elec.				
10		L RESIDENCE (IF NUR	136 COUL		GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ 71P CODE						
3		Maryland	A.h	·Co.	millersui	lle	YES NO	606 Millri		. 211	08				
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		,	LAS					
9	C1		nomas	Santmy			Nellie	MIDDLE	F	Hopkins					
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU				RITY NO.	17. INFORMANT (Wif	ESS	E						
	. "	No	N/A		21505	8016	B. Viola San	tmyer Same as #13							
	17.7	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLOPULOUN BUY AUGUST													
		Conditions, if any, which ( 16) FAID STOCK LIVIN CIRRLYUSE													
		gave rise to immediate cause last DUE TO, OR AS A CONSEQUENCE OF Underlying cause last													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
	é														
1	O.	190 DATE OF OPERA	TION	196. CONDI	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	OF DEATH?						
	CERTIFICATION	-4 /						YES NO YES NO							
1	8	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)													

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR P.M 19 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this

ottended the deceased from and that in (my) (and apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING DIRECTOR | PHYSICIAN |

THATHYSICIAN'S NAME (THE OWNER) 22e. ADDRESS

LINITHCUM, NI 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL CITY OR TOWN COUNTY STATE

Burial Parkwood Cemetery 24. FUNERAL DIRECTOR

Maryland Balto. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Funeral Home, Glen Burnie, Maryland Singleton

DHMH - 16 50M 4/83 (VRA 15, 4)

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the State Dept. of Health

If Item 21 is morked or Item

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STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
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y be the second of the second	1. DECE	ASED NAME	A )	Robert "	Leroy	AN	SANT	0	2a. DATE OF D	10	30 8	YEAR 2b	10 PM
15	3. SEX	M ale		4. RACE	Unite	Janu	ery 23,	1928	6. AGE (IN YEAR 59	Y	IF UNDER	DAYS H	OURS MIN.
On the second of	₩.	HPLACE (STATE OR FO	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General				ORCED [		Arunde	1		MD.	
100	Ar	or town of deal mapolis						126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Cement Mason(ret		ING LIFET INDL	126 KIND OF BUSINESS OR INDUSTRY  Construction		
Zd Nos	TIME ST	RESIDENCE IF NURS	Quee Quee	OTHER INSTITUTION NATY	13. CITY OR TOW Queenst	ADMISSION) OWN			R.D. 1	DRESS / ZIP C	248A1,	21	1658
MARYL maple of	P. FATI	James	V	incent	Santo			mily	Hen	rietta		rimba	
IMORE, Popper Line and co.	AYES	S DECEASED EVER I , NO OR UNKNOWN) Yes	19	15-48 (ES)	140 20 0	485	Mrs. Jo		Santo,		.D. 1, stown,		
T., BALL tricore propertion		18 CAUSE OF DEATH Enter only one cause per line of to 7, 50 and 185  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   ACTURE OF DEATH Enter only one cause per line of to 7, 50 and 185  IMMEDIATE CAUSE (b)   ACTURE OF DEATH Enter only one cause per line of to 7, 50 and 185  IMMEDIATE CAUSE (c)										IPPROXIMA	TE INTERVAL SET AND DEATH
region in death common or section or common or section or section or section or y, or other traumatic		Canditions, if any, gave rise to imm couse (a), stating underlying couse	ediate g the lost	(b)( DUE TO, OF	AS A CONSEQUE AS A CONSEQUENTRIBUTING TO	ENCE OF	SCEAR NOT RELATED,	70 THE TERM	//cps	OR CONDITION	N GIVEN IN P	ART 100	
TAL RECORDS The law codustors to the pare prior	A SHE	SONS!			TION FOR WHICH	OPERATIO	· ·			IN C	IF YES, WERE CERTIFYING CA	AUSES OF	
WISION OF VII  G PHYSICIAN offending physician s he together transfer s he benefit of the cond Mental Hy And or hear 18	EDICAL C	10. ACCIDENT WAS UNDID  OR CONTRIBUTING CO.  (IF EITHER NOTIFY MEDIC  ID INJURY OCCURR  WHILE NOT WHI  T WORR AT WOR	AUSE OF DEA	HOUR A./ R) P./ 21e PLACE (	M. MONTH D M.	AY YEAR 19 FARM, ETC )	211. LOCATIO STREET		ED (ENTERNATUR	E OF INJURY IM ITE	M 1B PART I OR P		STATE
OR ATTENDIN he hospital or DRECTOR At DRECTOR At DRECTOR At DEAT OF HEATH		20.1 certify that (I) saw the decease	d alive an		19	10- 85.0	DEGREE A	TTENDING _	, ta	STAFF _	22c.	,	GNED
TO HOSPITAL retained by TO FUNERAL should be det with the State MAPORTANT:		24 PHYSICIAN SWA	059	B.N	) Hyd/	NAME OF C	27e ADDRESS	5 Ru	DIRECTOR	Ave,	Ann	2/	40/24
BP		RIAL, CREMATION, F ECIFY) Burial	KEMOVAL		1987 S		EMETERY OR C		CITY OR		O A CO		STATE MA
DHMH - 16 60M 7/84 (VRA 15. 4)		mes H. Ba		con rune	ral nome			250. DATI	E REC D. BY REG	ISTRAR 256 RE	GISTRAR'S SI	IGNATUR	Md

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 29 G SED NAME 20. DATE KNOWN 2b HOUR OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED Elizabeth Janet Schaefer 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED :15A Caucasian July 16, 1958 29 YRS DEAD Female TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Florida U.S.A. WIDOWED -DIVORCED Anne Arundel County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Ritchie Hwy & Earleight Hgts Sales N/A Real Estate USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Anne Arundel Annapolis NO E 620 A Chesapeake Ave. 21403 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Everett Allen Eileen LaCroix 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADD 5270 N.W. 75th Ave. Gary Allen (brother) Ocala, FL 32675 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PROMIT. PAGE AFFIRE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISING BATTER, CREMATION, OR REMOVAL. 264-45-9043 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured neck DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 1:02 10 24 19 87 Driver in auto/fixed object impact 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Ritchie Hwy & Earleigh: Hgts, road Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection death resulted from Natural causes Accident Homicide Undetermined monner FITTE (SPECIFY) Assistant MEDICAL EXAMINER 10/25/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23r. NAME OF CEMETERY OR CREMATORY Hollywood Memorial Gardens, Hollywood, Florida 28 Oct 87 Burial 07/B4 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5))

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24. FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH ED REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) PAUL ALBERT **SCHOOLMAN** 1987 OCTOBER 16. 1045 IF UNDER 1 YEAR IF LINDER 24 ME 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY VE AD White Male Jan. 14, 1912 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL Maryland USA WIDOWED DIVORCED COUNTY 19 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Brakeman (Ret) Rail Road USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Anne Arundel Glen Burnie YES | NO K 209 Queen Anne Road 21061 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Hosse Emilie Christain Schoolman Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Wife) IYES NO OR UNKNOWNS (# YES GIVE WAR OR DATES) Same as #13 212.01.3864 Bertha L. Schoolman No NA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF HEART DISCASE 6 ANIC Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F NO 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21 PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on\_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 0-19-87 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME I THE OF PRINT 22e ADDRESS 7845 OAKWOOD RD SUITE 301 CIEN RUDNIE DR HERTZMAN 23e. BURIAL, CREMATION, REMOVAL 73b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 1987 Glen Haven Mem. Park Glen Burnie, AA Co. Maryland Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

is Jan don Hardell

DHMH - 16 50M 1/B1 (VRA 15, 4)

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		1. DE	REGISTRAR CEASED NAME E OR PRINT)		JULIUS A	MIDDLE	EMM EF		2e. DATE K	ESTI-	_
	S NECESSARY, PLEASE FEUNERAL DIRECTOR. E S FOR YOUR FILES. ED WITHIN 72 HOURS WESTON STREET,	3. SEX	4 1	HITE	5. DATE OF BIRTH MONTH DAY	770 YEAR 17 70	DAY) MONT	DER TYR. IF UNDER		MONTH	0 1987 M 0 1987 28 HOUR 7 1987 2120 M
•	NECESSAL UNECESSAL UNERAL S FOR YOU THIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)  Maryland		76. CITIZEN OF WHA	AT COUNTRY?	8. MARR WIDOW	ED Y DIVORC	ED 🗆	A A	MD
	PAGE PAGE	F	ASADENCE IN IN IN	14	(IF NOT IN SUCH FACE		Dale		120 USUAL OCCUP. FOR MOST OF WORK  Steel Wo	ING LIFE)	12b KIND OF BUSINESS OR INDUSTRY  Steel
73.2120	F ANY S. RETAIN SHOULD ALL RECORD	130. S	md	13b COUNT	ROTHER INSTITUTION, GIVE	13 PASADE		YES NO X		Dale	Rd. 21122
ORE, MD.	DEATH.		THER'S NAME FIRST Bruno VAS DECEASED EVER	IN U.S. ARA	MIDDLE AFD FORCES?	Schwen		15 MOTHER'S MAIDE F#ST Euge	Will	ADDROWSON	Kubickek Md 21204
BALTIMORE	JRS AFTER 3. GIVE PA WITH FOR WITH FOR DIVISION	( Y	es, no, or unknown)	(IF YES, GIVE V	WAR OR DATES)	213-07-8			Schwemmer		
PRESTON ST.,	HOUR HEM 18. HOUG W EWIT.		PART I DEATH V	AS CAUSED	E CAUSE (a)	S A CONSEQUENCE	ard 1	ire A	rrest	4	BETWEEN ONSET AND DEATH
3	A TREAMINE A TRANSPORT OF TRANS		Canditians, if gave rise ta cause (a) stating lying cause last	immediate g the <u>under</u> -	(b)DUE TO, OR A	S A CONSEQUENCE	5C	UD			
DIVISION OF VITAL RECORDS, 201	JULID BE EXECUTED "PENDING" IL FE MEDICAL ES DAS A BURINE HEALTH AND AL, CREMATION,	NOI	PART 2 OTHER SIGNIFICAN	bete	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).		
VITAL R	SHOULD ORD "PEI CHIEF A BE USED A TOF HE BURIAL, O	CERTIFICATION	190 DATE OF OPER			ON FOR WHICH OPE					20 AUTOPSY?  YES NO NO
ISION OF	CERTIFICATE SHO ITING THE WORD DED TO THE CHIE E 3 SHOULD BE US DEPARTMENT OF	MEDICAL CE	UNDERLYING CONTRIBUTING 214 INJURY OCCUR	OR CAUSE OF E	P.M.	MONTH DAY YEA	21f. LO	OW INJURY OCCURRE			
VIO	WR WR WAR	¥	WHILE AT WORK AT V			RY, FARM, ETC )		STREET	CITY OR TOW		DUNTY STATE
	L EXAMINER: E CERTIFICATE DULD BE FORI L DIRECTOR: H, WITH THE S MARYLAND,		death resulted fram		e of the remains described al causes ,		Autap vicide	, Inspection , Hamicide .  , ITTLE (SPECIFY)	Undetermined mai	and in my o	pinian
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH IT BALTIMORE, MARYLAL		ACTUAL SIGNATURE	hll	en P	wete	<b>)</b> ^	Deput	1 MEDICAL EXAMI	NER SIGN	ED 10/8/87
	TO ME EXECU PAGE TO FUI AFTER BALTIN		(TYPE OR PRINT)  JRIAL, CREMATION, F		m P. Jones	23c NAME OF C	EMETERY C	R CREMATORY	23d. LOCATION		ville Md 21035
07/84 25M	BP		Buri, UNERAL DIRECTOR		10/10/87 4001 ATT	-1-			Baltin REC'D. BY REGISTRAR	256 REGISTRAR'S	
	(VR A15 ME (5))		eorge J.	Gonce	4001 RITE	THE UR A I	Dall CO	LOCT	- 9 1987	Julia Dans	ton-Randallo

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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, The medical ex

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT			6.0			
6	P.			MIDDLE				REG. NO.				
Ÿ		OR PRINT)		MIDDLE	Son	+			НТИС	13 87	26 HOUR	
	3. SEX	11.1-4	4. RACE	1	5. DATE C	OE DIDTH	4	AGE (IN YEARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNDER 2	M
	3. SEA	nale	72/a	~ L	DATE OF		EAR	CU CU		MONTHS DAYS	HOURS	MIN.
10	Zn Bil	RTHPLACE   STATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8	84 0	3	BALTIMORE CITY OR	COLINT	Y OF DEATH		
-	C	OUNTRY)	U.S.A.	WHAT COULTRY:		D NEVER MARRI	ED -					
Acres 1		RYLAND TY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE	DIVORCE DIVORCE		ANNE ARUN		IZE KIND O	E BUICINIE	MD.
50	An	INAPOlis	ANNE ANNE	APLINGESTREET	POORESS)	04		TYPE OF WORK FOR MOST OF W			PBOSINES	)3 OK
1	13a. S	RESIDENCE IN NURSING HOME OR TATE 136 COUN A.A.		13c. CITY OR TOWN		134. INSIDE CITY LIV	MITS?	3. STREET ADDRESS / Z 1233 Scott	IP COD	Rd.2	016	34
1	I4 FA	THER'S NAME	41-1-1			15. MOTHER'S MAIL						
1		WILLIAM	MIDDLE	SCOTT		MAGGIE	3	WIDDLE	SHA	W		
	16a V	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT		Shadysides			0764	
	( )	ES NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218-14-3	3756	OLIVIA GI	RAY 12	233 Scott To	own	Rd.		
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	l tenn	1		1		BETWEEN	MATE INTERV	AL DEATH
Н		PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	Cordio	resp.	iratory	acre.	51		5	MINU	tes
1			DUE TO, O	R AS A CONSEQUE	NCE OF	/					11	
		Conditions, if any, which	(b)_	Sepsi	5	/				4	day	2
		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	1 0	1.			2	7.00	L.
			(c)	Dringe	1/10	act inte	Alex	1				
	NO	PART 2 OTHER SIGNIFICANT	rebrou	ASCULIE C	accid.	ont	HE TERMIN	IAL DISEASE OR CONDI	ION GI	IVEN IN PART 110	,	
1	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				S, WERE FINDIN		
/	TIE							YES NO		ES [	NO [	
5		210. ACCIDENT WAS UNDERLYING	1		Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY I	N ITEM 18	PART I OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DEA	ille .	M.	19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	IRAN ETC )	21f LOCATION STREET	12.3	CITY OF TOWN		COUNTY	51	ATE
	~	AT WORK AT WORK			,,							
		220 I certify that this hospi			inum)		800	10101	3_		tho tow	
		sow the deceased alive on above (II) we) (did) Idia no	view the body	ofter death.			opinion de	eath occurred on the date	and ha			ied
		22b. SIGNATURE	11	000	1)	DEGREE ATTEN	DING.	MEDICAL STAFF		22c. DATE	SIGNED	
10		22d. PHYSICIAN'S NAME (TYPE C	$\approx 17$	Jen	4	PHYSIC ADDRESS		DIRECTOR   PHYSICIA	и	1011	3/8	
		Greepry5.1	Veilles	1		134 Oue	rsuiti	le Rord W	bst.	RIVER MO	207	78
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	STA	A.75
	B	BURIAL	10-16-	-1987 DE	NNTS	GRIERIN (	TEME.	C11 2 1	de		Man	mrl aw
	24 FU	NAME	napolis	s, Md, 214			25a. DATE I	REC'D. BY REGISTRAR 75	REGIS	TRAR'S SIGNAT	URE	yian
	WI	LLIAM REESE &	SONS MO	RTUARY. P	.A.		OC	1 5 1987	Julie	a Devideon	Pando	44.

requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely filled in by the furnital director, page 3 1 and 8 should be fred within 72 hours after death

### STATE OF MARYLAND

NT	OF	HEAL	TH.	AND	MENTAL	HYGIENE	
CE	RTI	FIC	ATE	OF	DEATH		

V	1-2	FOR STATE PGISTRAR	DEPARTA		EALTH AND MENTAL HYGI	REG. NO	<i>l.</i> 1	0 3	EST
	1. DEC	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	OUR
	{ TABE	JESSE	JOSEPH LINGUOGO	SCRUC	GGS	OCTOBER		987 110	
1	3. SEX	)Ale	White	S. DATE O	or butter	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNI		DER 24 HRS.
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D MEVER MARRIED	9 BALTIMORE CITY O ANNE AR		OUNTY	MD.
4		GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MASTER TRACE		NOUSTRY HEAT	
1	13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N//	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 742 Cec	:/ Ave	2110	8
7	Ū	oscPh	MIDDLE IRUGGS		15. MOTHER'S MAIDEN NAM	MIDDLE	S,	i Pe LAST	
		VAS DECEASED EVER IN U.S. AR. JES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	4889	MARJORIE L	F SPUGGS	- 17	3 C APPROXIMATE IN BETWEEN ONSET A	
	ION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DBY: E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	ence of ence of	Asky oce	NAL DISEASE OR CONI			
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO		RE FINDINGS US G CAUSES OF DE NO	ATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 (	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	CHY OR TO	wn (	COUNTY	STATE
		saw the deceased alive an	tal) attended the deceased from  12-72-19-6  1) view the bady after death.  Now off M7D.	37	nd that in (my) (aur) apinion d  DEGREE  M. D. ATTENDING PHYSICIAN	MEDICAL STAF	FF _	/	
1		72d. PHYSICIAN'S NAME (TYPEO			22e ADDRESS	WELLHAM AVE		TE 103	
	230 B	BURIAL ISREMSTIPADRE NOVAL SPECIFY HARSHADRE NOVAL	10 -30 - 87 13c1		CEMETERY GLERM BOKN	IE, MARKLAN	ID 21064	UNITY A. 1	STATE!
	24 FL	INERAL DIRECTOR AME HAR JOSTY	ANN. Md 2/	401	250. DATE	T 30 1987	6 4 "	S SIGNATURE	daes

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

YTYUUU JEKKUUSSA ESSU-

JAN DERON BEREITE WORTH ANDRESS AUSET FALL

ENGLY THEATERS AND ADDRESS OF THE THEAT AND ADDRESS OF THE ADDRESS

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

067665

of director page 3

in by the funeral director

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

H	-6-8	REGISTRAR		CENTINI	CAIL OI DEATH	REG. NO	).		
1		EASED NAME FIRST	WIDDLE	LA	151	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Elsie	Leona		ckells	October 1			
	3 SEX	(	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN
		Female	White		mber <sup>^</sup> 23, *1918		YRS		NOONS MIN
1		CLINERYS	76. CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	Y OF DEATH	
)	An	ne Arundel Co.	USA	WIDOWE	D DIVORCED	Anne Ar			MD F BUSINESS OR
4	IU CII	IT OR IOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		K OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF			F BUSINESS OR
		len Burnie	7820 Oakwoo			Retired		Retai	1 Sales
	130. S	ALRESIDENCE (IF NURSING HOME OR TATE 136 COUNTY AND	VIY 13c. CITY OR TO	NWC	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 7820 Oakw			21061
2	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	
		Gustav	Glas	er	Ánna	WIDDLE		Klug	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRE	SS		
4	{ Y	es, no or unknown) (IF yes, giv	218-05	-5553	William H. S	heckells, S	ame a	s 13	
		18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE	ily one couse per line for (a), (b),	and (ch.)	Λ			APPROXI	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (0) 18785	TATIC	THOS NO CAYO	courty		MOX	775
			DUE TO, OR AS A CONSEC	QUENCE OF				13.5	
		Conditions, if any, which	(b)						
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF				2.20	
N		underlying couse last.	(c)						
d	z	5	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	)ITION GIV	VEN IN PART 110	)
	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS LISED
)	MEDICAL CERTIFICATION	DATE OF OFERATION	THE CONDITION TOR WITH	CTOLLATIO	WAS TEN ORMED	_ \ _ \	FYING CAUSES		
7	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NOW			ИО []
>	0 1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH			(Eltiple varione of 1-550)		, , , , , , , , , , , , , , , , , , , ,	
	2	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION			1.23	
	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFI	CE FARM, ETC.)	STREET	CITY OR TO	٧N	COUNTY	STATE
		229 L certify that (1) (this hoses	itali-attended the deceased from	m 11/4	186 19	10-9/19/	£7	19	that (I) (we) lost
			1) view the body after death.	/ /	d that in (my) (our) opinion (	death occurred on the do	te and hou		
		22b. SIGNATURE	I view the body offer death.		DEGREE			271. DAY	SIGNED
		20	D -	2	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN [	10/2	18)
1	-	22 PHYSICIAN'S NAME (TYPE O	)R PRINT)		22e ADDRESS			11	
		David Rose	M. D.		200 Hospita	1 Drive, Gl	en Bu	rnie, M	D
		SURIAL, CREMATION, REMOVAL	23b. DATE 2	31 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	Oct. 5,1987	Glen Ha	ven Mem. Park	Glen Bur	nie	AA	MD
	24 FL	JNERAL DIRECTOR	ADDOC		25a DAT	CT°02098	256 REGIS	TRAPS SIGNAT	Endres
			rkley, Glen Bu	rnie, M	D	W L	a	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 stows any injury, or other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

DHMH - 16 60M #/B4

(VRA 15, 4)

# STATE OF MARYLAND

J	4 0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	٨	MIDDLE	I	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	{TYPE	ORPRINT) Khat	OUN		(	LOONG	/	0-13	3-87	3.87
	3 SEX		1 RACE		S. DATE C	OF BIRTH	6. AGE TIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		FEMALE.	IN	/ TTE	MONTH	1-12-12	75		ONTHS DAYS	HOURS MIN
1	70 BI			WHAT COUNTRY	Y? 8	O	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	1.0	RAQ	1	7 1	WIDOWE		ANNE ARU			MD.
1	A	NNAPOLIS	ANNE A	RUNDEL C	GEN. HO	OSP .	TYPE OF WORLD OCCUPATION OF HOUSEW.			HOME
1	430 S	AL RESIDENCE (IF NURSING HOME OR OF THE TRANSPORT OF THE		GIVE RESIDENCE BEFO 134. CITY OR TO BUSHEY	ORE ADMISSION) HEATH	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS A		9	1999
X	M. FA	THER'S NAME FIRST ABOUDI	DE	LLAL LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	τ	UNKNOWN	1
5	16a W	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	NONE	CURITY NO.	17 INFORMANT MRS	JOYCE AND		, MD 21	1146
		18 CAUSE OF DEATH (Enter only	y one couse per	line for (a), (b)	and (c).)	1: 11	- 1		APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH
1	ION	Conditions, if ony, which gave rise to immediate cause (ol, stating the underlying cause last.  PART 2 OTHER SIGNIF CANT C	( <sub>1c)</sub>	R AS A CONSEQ		NOT RELATED TO THE TERMI	INAL DISEASE OR CON			
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHIC	CH OPERATIO	IN WAS PERFORMED	206 AUTOPSY?		WERE FINDING CAUSES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	III	M. MONTH	DAY YEAR	21c HOW INJURY OCCURR				- 0
	MEDICAL	214 INJURY OCCURRED	21e PLACE O	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		27s I certify the it his hospit the deceased bore (I five click dictant	al) ottended the	decrased from 19, after death	200	nd that (my) aur) apinion d	death occurred on the de	ate and hour		
		4. Dilles	ande	1.	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		10/	13/87
		22d. PHYSICIAN'S NAME (TYPE OF A.G. ALEXAN		D.	Bar.	27e ADDRESS  ANNE ARUNDEL	GEN. HOSP.	- ANN	NAPOLIS	S,MD
		BURIAL, CREMATION, REMOVAL	23b. DATE OCT.13			EMETERY OR CREMATORY JEWISH CEMETE	23d. LOCATION			
	24 FL	UNERAL DIRECTOR SOL L				25e. DATE	REC'D. BY REGISTRAI	TSI REGISTR	AUSSIGION	o della
	60	10 REISTERSTOWN	RD. B	ALTO MI	) 2	21215	13 1987 3	Charles And		1

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	· IO.	Maria
	PECEASED NAME PE OR PRINT)	MARY	C. Sh	ipley	AST	20. DATE OF DEATH	10 26	87 925
3. S	EX FE		RACE WHIT	S. DATE	OAY YEAR	6. AGE (IN YEARS LAST BE	YRS.	DER I YEAR IN UNDER 24
70. You	BIRTHPLACE (STA	TE OR FOREIGN: 76.	U.S.A.	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	RUNDS!	L LOUNT
B	MAPOL		NAME OF HOSPITAL, N		ENERAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)   IN	
	UAL RESIDENCE (*	NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE		YES NO [	134. STREET ADDRESS	CH RAL	2193 3133
300	HEAR HEAR	у мос	Long	20	SARAH	AME	D', 1	Angelo
12	WAS DECEASED I	EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	ADDR	E55.	
popers no ori	PART I. DEA	DEATH (Enter only of TH WAS CAUSED BY IMMEDIATE C		by and (c).	perstorys	eros A	1	Rroll and
place by the unever- place remove co unial, cremation, a y, ar other traumost	Conditions, if gove rise to cause (a), underlying (a)	immediate stating the ouse last	DUE TO, OR AS A CON-	SEQUENCE OF	YOURLATED JOSHE TER	MINAL DISEASE OR COM	IDITION GIVEN IN	PART No
Regimes prior to the state of t	IN DATE OF OR	ERATION /	THE CONDITION OR W	HICH OPERATIO	N WAS PERFORMED	Ifa AUTOPSY?		E FINDINGS USED CAUSES OF DEATH
CONTRACTOR OF THE PARTY OF THE	The state of the s	CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTE	DAY YEAR	211: HOW INJURY OCCU	RRED ENTER HATURE OF PAIN	AY PARTE IS AND TO	NO [
the burial and Memio	714 INJURY OC	CURRED OT WHILE	P.M. 21s. PLACE OF INJURY LAT HOME STREET FACTORY O	FFICE, FARM, ETC.)	ZII LOCATION	OHOEN	JwH CI	DUNTY W.
for use of for use of the city	22a. I certify th	at (1) (this bospital)	attended the deceased	and the same	nd that in (my) our) opinia	n death occurred on the c	date and hour and	from the causes stat
State Dept ANT: If them	The Standards	Hoce	lucy	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	ACTION 1	DATE SIGNED
should be det with the State	22d PHYSICIAN	HOChu	- Tus		16 Macora	ie Aug	Aurog	Les les
234	BURIAL, CREMAT		78P1 198 01	HOLY	EMETERY OR CREMATORY	BALTIC	JOAS	MARYLA
50M 1/81 15, 4)	FUNERAL DIRECTO	CHAPSLO	JEDSMO	83900 8155	COAD NC	T 2.9 1987		SIGNATURE

37 0 2 0 C ... 5 3 W 

BP

FERRIS SAME AS 13 A APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) aur) opinion death occurred on the date and have and from the causes stated 271 DATE SKINED 653 OLD MILL ROAD 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE BALTIMORE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ... ULLY FUNERAL HAM

STATE OF MARYLAND

EDT

1250 AM

IF UNDER 24 HRS

26 HOUR

126 KIND OF BUSINESS OR

1987

IF UNDER 1 YEAR

INDUSTRY

STEEL

DHMH - 16 50M 1/81 (VRA 15, 4)

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### STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Birds .	1	6	-4

- '	REGISTRAR				CERTI	FICATE OF DEATH	REG. 1	NO.		
T-8 B	CEASED NAME	FIRST	10 -	MIDDLE	200	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Augu		. 3/10		Sr.		Out.	9 1987	(130
3. :	SEX	4	RACE		MOM	OF BIRTH	6. AGE (IN YEARS LAST B		MONTHS DATS	IF UNDER 24 H
	MaLe		White		Dece	ember 21, 1918		68 YRS		
10	BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COU	NTRY? 8	ED A NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
2	Baltimore	1	United	State	S WIDOW		Anne Ar	undel	Co.	
10	CITY OR TOWN OF	DEATH 11			URSING HOME E STREET ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
0	Arnold					nold, Md.	Owner-Open			l Poul
£ 13	o. STATE  Maryland	136 COUNTY A.A.		13c CITY O	RTOWN	13d INSIDE CITY LIMITS? YES NO [3]	130.STREET ADDRESS 11 Ashcrof	/ ZIP COUR	<sup>€</sup> / 2101:	2
- 14.	FATHER'S NAME		DDIE	I.A.		15. MOTHER'S MAIDEN NA				
	John	E		Sip		Mamie	M.		Nine	
1 160	WAS DECEASED EN			-	L SECURITY NO.	17. INFORMANT	ADDI	RESS		
$\Delta$	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	/AR OR DATES)	219-0	3-2665	Mrs. Iris E	. Sipes	(same a	as 13)	
	18 CAUSE OF DE	ATH (Enter only	nne chuse nec	line for (n)	(h) and (c)					MATE INTERVA
	PART I. DEATH	WAS CAUSED	BY:	Com	1 &	HACE TO W	uldan			
-		IMMEDIATE	CAUSE (o)	Carvi	9	7 0 11				
			DUE TO, O	R AS A CON	ISEQUENCE OF	}				
	Conditions, if o		( ıb)_							
	gove rise to		DUETO	DASA CON	ISEQUENCE OF					
-	underlying co		10000	K AS A CON	ISECADE IACE OF					
	PART 2 OTHER S	IGNIFICANT CO	NDITIONS CO	ONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OF COL	ADITION GIV	VENTINI PART 111	
Z				OTT THE OTT OF	O TO DEATH	THO THE TO THE TERM	MINAL DISEASE ON CO.	· DITION ON	VEIVING PROCEEDING	
975 GERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR V	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
7 1							YES T NOT		FYING CAUSES ES 🗍	OF DEATH
	71a ACCIDENT WAS	UNDERLYING	21b. TIME O	E IN ILIRY		21c HOW INJURY OCCUR				140
	OR CONTRIBUTION THIS		110110 4		H DAY YEAR	I THE THE THE WAY TO CE COM	(ENIER WATORE OF IN)	OK I II I I I I M I B F	PARTIOR PART 21	
1 2	(IF EITHER NOTIFY A			Μ.	19					
MEDICAL	214 INJURY QCC		218 PLACE		OFFICE FARM, ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STA
1		WORK .		9						
	22a.1 certify that	(I) (this hospital	) ottended th	e deceased	from Au	cut 19 198	7 to 10/4/	8)	19	thot (I) (w
			9/4/17	7	_19 c	and that in my (our) opinion	death accurred on the	date and hou		Burn .
	17h SIGNATURE	Il Idio ( d d not)	new the body	offer deoth.		DEGREE			22c DATE	SUNED
		011	10/10				MEDICAL STA	AFF	10/5	-10
1	1010	2/10	~ 1	sh sh			MEDICAL STA	CIAN [	1	10/
/	22d. PHYSICIAN'S					22e ADDRESS				
	Stan:	ley Wat	kins	MD		51 Frankli	n St. Anna	polis,	Md. 21	401
230	BURIAL, CREMATIC	N, REMOVAL	23b. DATE		23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	Burial		10-06-	-1987	Glen Ha	ven Cemeterv	Glen Bur	nie	A A	Mo
7/84	Burial FUNERAL DIRECTOR	ROBERT	10-06- S. BA			ven Cemetery	Glen Bur		A.A.	
		/EDNIA D			11146	J. AB. Or	T 06 4007	1. 8 K	. id 10	mda 80

RUBERT S PARTANCO SEVERNA PART NO 21146

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	87	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	Э.		
1	. DECE	ASED NAME	FIRST	A	AIDDLE	ı	ASI	20. DATE		MONTH	DAY YEAR	26 HOUR
ł	(TYPE OR	R PRINT)	Marie	9	Eli	zabeth	Smith	0c	tober	22,	1987	12:30A <sub>M</sub>
ľ	3. SEX		4.	RACE		5. DATE C		6. AGE (1	N YEARS LAST BIR	[HDAY]	IF UNDER 1 YEAR	HOURS MIN.
l		Female		Whi	te	Marc	h 9, 1921 YEAR		66	YRS.	MONTHS DATS	HOURS MIN.
1		HPLACE   STATE OR I	FOREIGN 7b	CITIZEN OF	WHAT COUNT	RY2 8	DE NEVER MARRIED	9 BALTIN			Y OF DEATH	Kana.
4	M	COR TOWN OF DEA	711	U.S.	ACEDITAL AUL	WIDOWE	DIVORCED [		Anne		ndel Co	OF BUSINESS OR
	Pa	asadena	8	3482 Ri	gby Ro	ad address)	(21122)	(TYPE OF W	ork for most o	F WORKING L		
	USUAL 13a. STA	RESIDENCE (# NURS	13b. COUNTY	A.	Pasa		134 INSIDE CITY LIMITS?	848	ADDRESS A			1122)
	I4. FATE	HER'S NAME FIRST LEO	MIC	DOLE	SCANLO		15. MOTHER'S MAIDEN P	SSIE	MIDDLE		APPEL	.51
T		S DECEASED EVER	IN U.S. ARME		166. SOCIALS	SECURITY NO.	17. INFORMANT		ADDRE	SS	- 1	
ı	(163	No	\n 163, 0176 F	TAK OK DATES)	216 1	4 8845	Charles K.	Smith	(same	as :		434
ľ	11	& CAUSE OF DEAT	H  Enter only	one couse per	line for (a), (b	, and (c).)	4 4		-	7	APPRO) BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
I		PART I. DEATH W	AS CAUSED I		Smal	1 (21	1 Luna C	ance	- mp	lustice	7	monThs
	P	gove rise to immore couse (a), static underlying couse	ng the lost.	( Ic)	R AS A CONSI		NOT RELATED TO THE TE	RMINAL DISE	ASE OR CON	DITION G	IVEN IN PART 1	10
	CERTIFICATION	9a DATE OF OPERA	TION	196. COND	TION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AL	TOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSE: 'ES []	INGS USED S OF DEATH? NO
		OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	¥	WHILE HOT WE AT WORK	HILE	21e. PLACE	OF INJURY REET, FACTORY, OF		2ff. LOCATION STREET		CITY OR TO		COUNTY	STATE
		220.1 certify that (1) spw the deceas above, (1) (we) (	ed plive on	007368	- 10	19 67.0	nd that in (my) (our) opini	on death accu	rred on the de			
		mayer	He	rbar	4	M.	DEGREE ATTENDING PHYSICIAN	MEDICA	AL STA	FF IAN 🗆	121. DATI	22/8+
	2	Mayer	AME (TYPE OR P	orba	Ty					G1a	Burnes	1,702106
1	23a. BU	RIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR		CATION ITY OR TOWN		COUNTY	STATE
		Burial		10/24	/87	Glen Ha	even Mem. Pk.					Marylan
		NERAL DIRECTOR	1 a	001 5	ADDR	ESS	altimore,Md (		9	6	STRAR'S SIGNA	n. Pandall
- 1	Ge	eorge J. G	once, 4	OUT KI	tcnie !	ng wy.,Ba	altimore,Md (	OCT 23	1987	Hule	a Wender	n. Kandall

(21225)

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has MPORTANT If them 21 is marked on them 18 shows ony

TO HOSPITAL

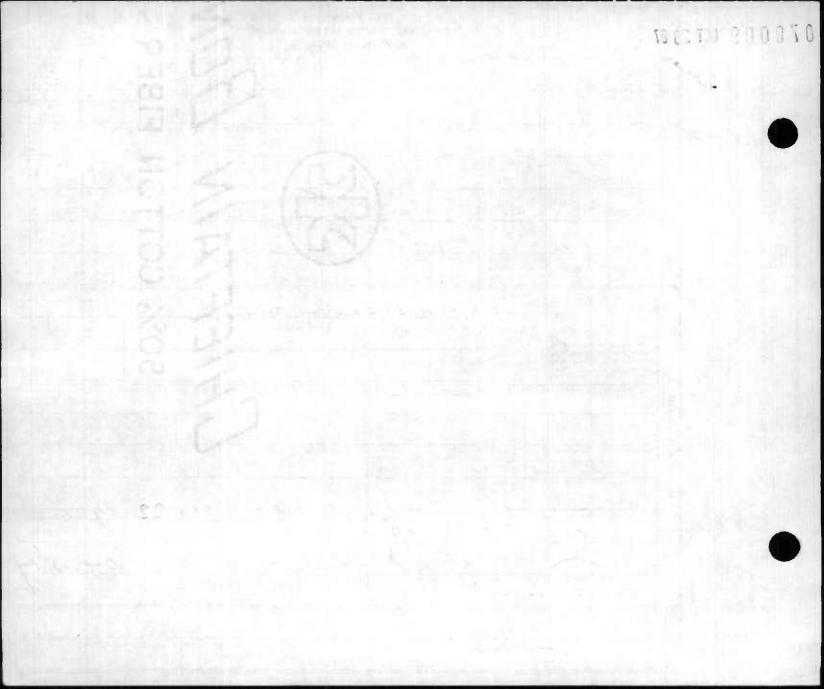
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medica

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					REG. N	O				
		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
Ì		Elizabe	th A	Ann	St	ewart	Octobe:	r 22,	1987	11:50P <sub>M</sub>		
	3 SEX	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	[HDAY]	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
		Female	Whit	e		ch 3, 1892	9.	5 YRS	- DA13	MIN.		
1	70 BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH			
		ryland	USA		WIDOWE	DIVORCED	Anne Arun	del (	Co.	MD.		
	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR		
į.	40.00	en Burnie		Arundel (		Center	Homemaker	100	Own	Home		
-	130 S	AL RESIDENCE (IF NURSING HOME OF	VTY	1134 CITY OR TOWN	N	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COL	DE			
1	$\overline{}$	7	A Co.	Glen Buri	nie	YES NO X	5 Glenmont	Ave	nue 2	21061		
-	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	31		
0		James George				Anna						
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Da	ughter) ADDRE	SS				
		No N.		220.24.	7697	Anita Hewson	S	ame a	as #13			
		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	dic			NOT THE	BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	CRYCIA	NIC	exculor 9	seide.					
		Milleon					111	76.70				
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( )										
		gave rise to immediate	(b)									
		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying cause lost	(c)_									
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART I	0		
	CERTIFICATION											
	CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDING CAUSES			
	RTIF						YES NO	Y	res 🗌	NO 🗌		
	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	Y YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART I OR PART 2}			
П	SAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE		
	2	WHILE NOT WHILE AT WORK	(AFROME SI	REEL PACTORY, OFFICE, PA	ARM EICT	311111		0.4				
		22a.1 certify that (1) (his hospi	tol) ottended th	e deceased from	100	19_	2.10	7	19 17.	tha (we) lost		
	1	saw the deceased alive on above (1) (we) (did) (did no	our	19 0	P7.01	that in (my) (aur) apinion	death accurred on the do	ate and ha	out and from the	couses stated		
		226 SIGNATURE	or view the body	offer depth.		DEGREE			22c DATE	SIGNED /		
Ц			/	Xh	1	ATTENDING &	MEDICAL STAF	F	nu	23 PM		
		22d. PHYSICIA TE HAME (THE	OF PRINCIP	1)		33. ADDRESS			10	. 0		
		Dr. charles .	J. Wu				Oakwood Ro		1 010	. /		
_	12- 0	UIDIAL CREWATION REVIEWS	Table DATE	122	IAME OF C		Burnie, Ma:	rylan	nd 210	pT		
		SPECIFY Burial				EMETERY OR CREMATORY Hill Cemetery	CITY OR TOWN	-	COUNTY	STATE		
	24 51		D AC	7	Cuul	* The state of the	IBLOOKIAU	Park	, A A Co	Md.		
	-	JNERAL DIRECTOR	Shut	ADDRESS	15.00	LAMES	E RECED BY REGISTRAR	ZSb, REGIS	STRAR'S-SIGNAT	URE		
	Si	ingleton Funera	1 Home	Glen Bur	nie.	Maryland						



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be CL	lion.
		ENDING PHYSICIAN: The low requires that	tal or attending physician.

	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE / 2 7	3 0 2
3 4 OCT 21	87	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	103.
0 1 00 -		CEASED NAME FIRST OR PRINT)	WIDDLE	CAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
tar. page 3		Ludwig	•Emil	STIRN	OCTOBER 1	7, 1987 815 AM
frer frer	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4	all .	Male	White	April 23 1907	80 YRS	
T. 200		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	AND ARTHUR	
by the function of the functin of the function of the function of the function of the function		GLEN BURNIE	"NORSIA" ARONDE	NG HOME OR OTHER INSTITUTION  ADDRESS SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Federal Worker	126. KIND OF BUSINESS OR
hin 24 hou y shed in should be ermust be	13e 9	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORITY  Arundel Glen Bu	VN 134. INSIDE CITY LIMITS	439"M" Street N	I.E. 21061
Pa Da	1	FIRST	MIDDLE LAST  I. Stirn	Katherine	MIDDLE F.	(UNKNOWN)
be execui		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN)  NO  N/A	E WAR OR DATES]	(Step-G	Grandson) ADDRESS 433'' VonLindenbergGler	'M''Street N.E. Burnie, Md21061
equires that the death certificate is signed by the attending oblysis. Then please remove carbon paper to burial, cremation, or removal hilury, or other troumatic event, it	NO	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	Nive Heart F	M'HUYE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ARY  J GEN  IVEN IN PART 110
he low on. hos been to permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES NO
itSICIAN: The ding physicia is certificate h burial-transit Mental Hygiei		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	YEAR 19 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
NG PHYS offendin free this c os the bur th and Me	MEDICAL	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
I HOSFITAL OR ATTENDIN Indicate by the hospital or Fine and proceed for use or the hestice bept of Health III hestice bept of Health		278 I certify that (I) (this hospit saw the deceased alive an above. (I) (we) (did aliah na Th. SIONATURE  278 PHYSICIAN'S NAMES (1990)	I yimw the body offer Geoth.	DEGREE  MD   ATTENDING PHYSICIAN  220 ADDRESS	on death occurred on the date and had been death occurred on the date and had been death of the date and had been death of the date of the	70-19-87 TE SUITE 230
₽		URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR Traine Park Cem.		COUNTY STATE
DHMH - 16 50M 1/BI (VRA 15, 4)		ngleton Funera	Home, Glen AD BUY	nie, Maryland	DATE REC'D. BY REGISTRAR 256, REGIS	

STATE OF MARYLAND

in by the funeral director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbosopopers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical

etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

2	1	3	6	3
2				ES

T	30-	FOR STATE SPEGISTRAR			DEP		EALTH AND MEN		NE REG. NO	2 /	3 5	3 E	ST
		CEASED NAME	FIRST	7.45	MIDDLE	ı	AST		a DATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
	(IIII)	FRANK		Mal	colm	STJOE	IN		OCTOBER	28.	1987	426	AM
	3. SE)	(		4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER	24 HRS
-	ı	Male		White		Sep		25	62	YRS.	ONTHS DAYS	HOURS	MIN
7	7a BII	RTHPLACE (STATE ORFO	OREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8.	NEVER MARK	RIED 7	BALTIMORE CITY O	R COUNTY	OF DEATH		
1		New York		U.S.	A.	WIDOWE		- 1	ANNE A	RUNDEL	COUNT	ľ	MD.
1	10 CI	TY OR TOWN OF DEA	TH			URSING HOME (	R OTHER INSTITUT		20 USUAL OCCUPATI		126. KIND C	F BUSINE	SS OR
1		GLEN BURNI	E	to be an internal distance of		EL HOSP	ITAL		0il Burner		Heati	ng	
		AL RESIDENCE (IF NURSI TATE MD	NG HOME OF 13b. COUN	ITY	13c CITY OR		134 INSIDE CITY L	IMITS?	3e. STREET ADDRESS	inghan	Dr. 2	1061	
	I4 FA	THER'S NAME					15. MOTHER'S MA						
7	T	racy	Gr	over	St.	John	Anne		MIDDLE		Capen	т.	
	16a V	VAS DECEASED EVER I	N U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE	SS		_	
	(1	Yes		WAR OR DATEST	073-18	8-1286	Shriley	E. S	t. John,	same a	is 13		
	No	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN	the	(b) DUE TO, O	R AS A CONS	SEQUENCE OF	NOT RELATED TO	THE TERMIN	I AL DISE ASE OR CON	DITION GIVE	N IN PART 10	0.	
34	CERTIFICATION	19a DATE OF OPERAT	ЮМ	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIFY	WERE FINDS	NGS USE	TH?
		218. ACCIDENT WAS UNDO	AUSE OF DE	TH HOUR A.		H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI			1.0 [	-
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍		OF INJURY REET, FACTORY, O	FFICE FARM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	5	STATE
		220.1 certify that (I) sow the decease above, (I) (we) (d	d olive on				nd that in (my) (our		oth occurred on the de		and from the		
		(b)		True	ulur	vim	D, ATTEN	NDING DECIAN	MEDICAL STAI		22c. DATE	128/	187
		22d. PHYSICIANS NA	DD TO	RPRINT)	MD		22e ADDRESS	784!	OAKWOOD I	RD. #1	07		
	23a B	SPECIEVE CREMATION, I	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREA		23d LOCATION CITY OF TOWN		COUNTY		STATE
		Burial		31 Oc	t. 87	Lake V	iew Mem.	Pk.	Sykesvil		arroll,	MD	
		INERAL DIRECTOR		421 C	rain H	WY ND SE	61	250 DATE	PEC'D. BY REGISTRAR	1	RAR'S SIGNA	URE	3
	Ji	ames S. Iii	rkley	, ulen	burnie	, MU 210	10 [	001	2 3 1301	- 20	A. V.		-

TOES LE DOOTTAG THE CLIC CLIC PRESENT SECTION OF THE SECTION OF TH

DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	1	ರ	0	
REG. N	0.				

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST	MIDDLE	1.	AST		MONTH DAY	YEAR	26 HOUR
	Rds	vin DNT	00	otran	ae IV	/	0-22	-87	М
	3, SE)	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1		ale	White		.16,1942	45	YRS		HOURS MIN.
ж		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY?	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	FDEATH	
3		orfolk Va	IISA	WIDOWE		AA Co			MD.
7	19. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O	F BUSINESS OR
الن	Ede	TOTAL LIF NURSING HOME O	200 Fiddlers	Hill Rd	6	Clergyman		Minis	try
	Usu.5	AT TESTDENICE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 136, CITY O	R TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		-/	1175-7
3	MA	AACC	Edgew	ater	YES NO TO	200 Fiddle	rs Hill	L Rd.	100/
-	16.8A	ATHER'S NAME			15. MOTHER'S MAIDEN NAM				
7		ewst	MIDDLE	ST	FIRST	MIDDLE	Cool	LAS1	1
4	16a V	vas deceased ever in u.s. a	RMED FORCES? IM SOCIA	L SECURITY NO.	Adeline 17 INFORMANT	ADDRE	Cook		
1			IVE WAR OR DATES)						
E.	no	9	221-2	8-4182	Cynthia Stra	nge #1	3		
		II. CAUSE OF DEATH (Enter of	only one couse per line for (a),	(b), and (c).)	. 1	/		BETWEEN	MATE INTERVAL ONSET AND DEATH
			ATE CAUSE (a)	alesser	unled Come	nen hydria			
			DUE TO, OR AS A CON	STOUTNIST OF	//				
		Conditions II and Atab							
	9	Canditions, if ony, which gave rise to immediate							
	0	cause (a), stoting the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF					
		underlying cause last.	(c)					1	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVEN	IN PART TO	3
	CERTIFICATION								
2	3	19a DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V		NGS USED OF DEATH?
1	1	CONTRACTOR OF THE				YES NO	YES (	_	NO []
	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM IS PART	1 OR PART 2)	
g.	P. 7. Ch.	OR CONTRIBUTING CAUSE OF DE							
	MEDICAL	214 INJURY OCCURRED		19	211. LOCATION				
	Ne Ne		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		NOT WHILE AT WORK							
		220.1 certify that (1) (this has	pital) attended the deceased	from		, to	. 19		that (1) (we) last
		sow the deceased alive a	nnt) view the bady after death.	_19, on	nd that in (my) (aur) apinion o	death occurred on the de	ate and hour a	nd from the	causes stated
		22b. SIGNATURE	pri view the bady after death.		DEGREE			22c. DATE	SIGNED
	1	Whi.	111/		ATTENDING _	MEDICAL STAT		ny	4
+		22d. PHYSICIAN'S NAME ITYPE	UC-		PHYSICIAN [	DIRECTOR PHYSIC	IANIA	109	2387
1				1111	- 1	+C+ 1	1.	1,	/
		Bituv	low	111)	1) Wasi	31 /tun	ande 5	Mo	7
П		BURIAL, CREMATION, REMOVA	L 23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1		
		urial	10-24-87	Old St	Paule	Middletow		COUNTY	Delaw
		UNERAL DIRECTOR	10-27-01	TOTA DE		E REC'D. BY REGISTRAR		R'S SIGNAT	
		NAME		DRESS	0	CT 30 1097		Dunder	
	Ha	rdesty FH, 12Ric	dgely Ave Anna	polis Md	.21401	100 001	- U		

by the funeral director, page 3—filed within 72 hours ofter death.

filled

STATE OF MARYLAND

	1 - STATE REGISTRA	ı.R		DEPARIN		ICATE OF DEATH	SIERRE "	REG. NO.	0 0	EDT
ı	20 G SED NA	ME FIRST	M	IDDLE	Į.	AST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
	3 SEX	FREDERICE	WILI 14. RACE	JIAM	STRA 5. DATE O		AGE UNYEA	MBER 1	5 1087	555 M
	Ma	le		Lte	Sept		77	YRS	MONTHS DAYS	HOURS MIN.
2	To. BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	_		CITY OR COUNT	TY OF DEATH	
e) Si	Maryl	and	U.S	5.A.	WIDOWE	D X NEVER MARRIED U	AN	NE ARUND	EL COUNT	TV MD.
1	GLEN	BURNIE		OSPITAL, NURSIN FACILITY, GIVE STREET A L ARUNDEL	DDRESS)	TTAT.	120 USUAL OC	CCUPATION OR MOST OF WORKING	126 KIND C	OF BUSINESS OR
2	USUAL RESIDEN 130 STATE Maryla	nd 13b COU	ROTHER INSTITUTION, C NTY . A .	Riviera  Riviera	Beh	13d. INSIDE CITY LIMITS? YES NO 🖄	13e.STREET AD	opress / zip cou Main Ave	nue .	21122
201	14 FATHER'S NA		MIDDLE	St <b>r</b> au	ıss	15 MOTHER'S MAIDEN NA FIRST Anna		WIDDLE	Dur	ka
Ī		SED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS	100	
	NO OR UN			215-03-3	3612	Catherine L	. Straus	ss Sam	e as 13	
	18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUSE	nly one cause per l D BY: TE CAUSE (a)	ine for (a), (b), one	0	more a	rest		BETWEEN	ONSELAND DEATH
	gave ris	is, if any, which to immediate al, stating the g cause last.	DUE TO, OR	AS A CONSEQUE	lux	load.	failu nou.	re Vertre Per	disease	your war
		THER SIGNIFICANT	conditions co	NTRIBUTING TO-	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	OR CONDITION G	IVEN IN PART I	pen (PV)
1	190. DATE O	OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	JIN CERT	ES, WERE FINDI	
100	00.000,000	NT WAS UNDERLYING UTING CAUSE OF DE	ATH HOUR A.M	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 18	B PART I OR PART 2)	
	0	Y OCCURRED  NOT WHILE AL WORK	21e PLACE C		ARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		y that (1) this hosp he deceased alive as ((1) we) (did) (did no	0 1		\$7. or	d that in my our opinion	death occurred	on the date and ha		that (I) we ast
	22b. SIGN	Lustine	0 %	anu	нО	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	220 DATE	
		CIAN'S NAME (TYPE OF		, M. D.		22e ADDRESS 80		SMALLWOO		
		MATION, REMOVAL Urial	236 DATE 10/17	/87 Gle		emetery or crematory ven Mem. Park	Gleh	Bürnie	couAty.A.	Ma
	George	J. Gonce	4001 Rit	chie^Mgwj	Bal.	to Md	TE REC'D. BY REC	387 July	STRAR'S SIGNA	

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or ottending physician.

BP.

TO FUNEXAL DIRECTOR. After this certificate has been signed by the attending physicion and can accorded for use as the burial-transit permit. Then please remove carbon papers. Pages in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OCT 1 P 1997

067705 OCT -6.87 ATE

by the funeral director page 3 iled within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9		REGISTRAR		CERTII	CAILOIL	LAIN	REG. NO						
		CEASED NAME FIRST	MIDDLE	ι	AST		20 DATE OF DEATH	ONTH DA	DAY YEAR 26 HOUR				
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	3. SEX		RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTH		FUNDER LYEAR	IF UNDER 24 HRS			
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Н	MEC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY O	FFICE FARM ETC )	211 LOCATIO		CITY OR TOW	N	COUNTY	STATE			
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		17h SIGNATURE	11 1,500	110	DEGREE	ATTENDING	MEDICAL STAFF	. ,	220 DATE	SIGNED			
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		22d. PHYSICIAN'S NAME (TYPE OR	PE P. SW	TI MD	PUL		7 DW, SIN	म ।म	ISP. UF	BALTIMO	MG		
		URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C			23d LOCATION			4410	=		
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(VRA 15, 4)

should be detached for use as the buriot-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

Raymond C. Fink Glen Burnie, Md. 21061

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ATTENDING PHYSICIAN: The law requires that

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DEPAR CERTIFICATE OF DEATH

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25	4	2000	GLEN BURN		NORTH	ARUNDEI	HOST	PITAL.		Clerk	OF WORKING LIFE)	Hospi Hospi Indus	tal
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9			James			ffernan		Catherine	e	Τ.		ivan	
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543	<u> </u>	23a E	URIAL, CHARLES	REMOVAL	VARIEZ,	1.D . 23c l	NAME OF C	EMETERY OR CKEM	ATORY RU	THE TOCKHON L	AND 21	)61	
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16 50M 1/1 RA 15, 4)	31	1000		meral	Home, G	len^•Bun	nie Mo	d 21061	000	1 06 1987	Julia D		andell

DHMH - 16 50M 1/81 (VRA 15, 4)

STRETO V. ALWARES, N.D. CLER CHARLE, SAVIAGE 21061

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(VRA 15, 4)

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FOR

DEGE SED NAME

To. BIRTHPLACE ISTATE OR FOREIGN

Virginia

10 CITY OR TOWN OF DEATH

Guy

Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.

IN DATE OF OPERATION

YES NO OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Annapolis

Maryland

14. FATHER'S NAME

aka first Laurence MIDDLE

RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN

A.A.

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per lyne for laying and ick PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

- LAWRENCE

- STATE REGISTRAR

3. SEX

## DEF

MARRIED NEVER MARRIE

Lescott

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE

(IF NOT IN SUCH FACHITY, GIVE STREET ADDRESS)
Anne Arundel General Hospital

HITE

Arnold

Thurston

166. SOCIAL SECURITY NO.

216-12-6786

76. CITIZEN OF WHAT COUNTRY?

U.S.A.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1

WE CONDITION

LESCOTT

5. DATE OF BIRTH

MONTH

WIDOWED

STATE OF MARYLAND	5, 7	1	4	100
PARTMENT OF HEALTH AND MENTAL HYGIENE	60	0	0	61
CERTIFICATE OF DEATH	REG. NO.			

EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.		
Thurston	28. DATE OF DEATH MONTH DA	AY YEAR	2b. HOUR
T. ThURSTON	10/05/87		0745 Pm
F BIRTH	6. AGE (IN YEARS LAN BIRTHDAY)	F UNDER TYEAR	IF UNDER 24 HRS
OI 23	64 YRS	ONTHS DATS	HOURS MIN.
NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
D DNORCED	Anne Arundel	Count	y MD.
R OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OR
l Hospital	Insurance Agent	770	rance
13d. INSIDE CITY LIMITS? YES NO.	13e STREET ADDRESS 170 Severn Way 2	1012	
15. MOTHER'S MAIDEN NAM	ME MIDDLE	145	
Virginia		LAS	====
17 INFORMANT	ADDRESS		
Margaret Thu	rston Same as 1	3e	
Low accurt	en	BETWEEN C	MATE INTERVAL
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NOT RELATED TO THE TERM	INAL DIREASE OR CONDITION GIVE	N IN PART LIE	
N WAS PERFORMED	JN CERTIFY	WERE FINDIN	OF DEATH?
In HOW IN HIS OCCUPE	YES NO YES		NO 🗆
THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RI I OR PART 2)	
211 LOCATION	CITY OR TOWN	COUNTY	STATE
(7)	1116	. 17	City
nd that in (my) (our) opinion o	death occurred on the date and hour		that (I) (we) lost couses stated
DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	SIGNED 17
220 ADDRESS	1) AW. Annoth	M	12141
emetery or crematory w Memorial Pk	Catonsville	Balto	Ma

CERTIFICATION 216. TIME OF INJURY 21c HOW INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from my (our) the bady after death. 22b. SIGNA HIRE DEGREE ATTEN PHYSI 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREM 230 BURIAL, CREMATION, REMOVAL 236 DATE Westview Memorial Cremation 10/12/87 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 5 SIGNA URE 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

Christian L. F. S. C.

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(VRA 15, 4)

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	STATE OF M	ARYL	AND	2 7
DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE"
CF	RTIFICATE	OF	DEATH	

	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE*	
8 4 NOV -6		CAPEDINAME ANN	Beaby	TUCKER S DATE OF BIRTH	2s DATE OF DEATH MONTH	30 87 970 PM
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physical brane on papers Page emovgl		IS CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED	y one couse per line for rout its	-7972 ELIZABEH	B. MASON AN	MAPOLIS HD . 2190
s that the death ce ed by the attending please remove carlo rind, cremption, or n or other troumptic.		Conditions, if any, which gave rise to immediate couse io, stating the underlying couse lost.	DUE TO, OR AS A CONSECU-		EDAAIN AL DISEASE OD CONDITION (	GIVEN IN PART I I O
in he low require to hos been sign to permit. Then tene prior to but to	CERTIFICATION	190 DATE OF OPERATION	Anena, E	HF Dout'C	20n AUTO/SY? 20h. H	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO
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O HOSPITAL enouged by 11 TO FUNERAL should be det with the State		720 PHYSICIAN'S NAME (TYPE OF ROBERT M.	Eucenfiel		l Solomois Is/ 1	el sunspelis
BP	CX	BURIAL, CREMATION, REMOVAL	236 DATE /87 /2	NAME OF CEMETERY OF CREMATOR	DATE REC'D BY REGISTRAR 256. REC	SISTRAP'S SIGNATURE
DHMH - 16 60M 7/84 -	In	UNERAL DIRECTOR	March ADDA	Luca Lie MD N	10V 5 1987	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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ITENDING PHYSICIAN: The low

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retained by the haspital or attending physician.

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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87	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0	1-2-1	EDT
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3. SE			4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BH		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	Male		Whit	e -	Augu	DAY YEAR 15t 25, 1901	8	6 YRS.	AONIHS DAYS	HOURS MIN.
7e. B	IRTHPLACE   STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
М	aryland		USA		WIDOW		ANNE A	RUNDEL	COUNTY	MD
10 0	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT Superinten	dent.	126 KIND OF	BUSINESS OR
Dist	GLEN BURN	IIE	NORTH	L ARUNDEL	HOSP	TTAL	of Sales (	Ret)		nwide I
13a.	state aryland	136. COU	VIY	Glen Bur	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7839 Ameri	ican C	21061 ircle A	pt 102
14. F.	ATHER'S NAME		MIDDLE	JAST		15 MOTHER'S MAIDEN NA			LAST	
	Zachariah	1	MIDDEL	Turner,	Sr.	Ellen	C.		Har	dy
	WAS DECEASED EVE		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT (Wif	e) ADDR	ESS		
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	18 CAUSE OF DEA	TH (Enter or	nly one couse per	line for (o1, (b), one	d (c).) +	A		1 -	APPROXIA BETWEEN O	NATE INTERVAL
	, All I. DEALL		TE CAUSE (a)	Car	ala	6 les leners	4 ceru	/ L		
NOI	PART 2. OTHER SIC	NIFICANT	CONGRESCO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	1000		
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	21a. ACCIDENT WAS UP	_		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		RY IN ITEM IS P	ART I OR PART 2]	
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A	WHILE CO NOTA			EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	NWO	COUNTY	STATE
	al work	1			101	1/27	10/13	-18	10	
L	27s.1 certify that ( saw the decer above, (I) (we)	sed alive de	1011	4/1/19	0	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour		hot (I) (we) los ouses stoted
	72h SIGNATURE	Vn	er & S	Laur	1	ATTENDING PHYSICIAN F	MEDICAL STA	FF CLANIC	22c DATES	136
1	724 PHYSIGMAN'S N	671	T IV	00.0	1		D DIRECTOR   TITLE	-1/1/1		
	The sent aprice as	AME THE	(desire)			78 ADDRESS 78	45 OAKWOOD	ROAD.	SUITE	205
	\\\ \Jorge	XI	MIREZ,	4.D.	0	/ 0	45 OAKWOOD NIE, MARYLA			205
73a.	1/2 Vanor	B. RA	MIREZ, A	23c N		GLEN BUF	23d LOCATION CITY OR TOWN	ND. 2.	1061 COUNTY	STATE
	JORGE BUNIAL DEMAIJON Burial	B. RA	MIREZ, A	23c N		GLEN BUR CEMETERY OR CREMATORY aven Mem. Parl	23d LOCATION CITY OR TOWN	ND. 2.	COUNTY A Co.	State Marylar
24 F	SORGE/	B. RA	MIREZ, PORTE OCT 17	1987 G1	en Ha	GLEN BUF CEMETERY OR CREMATORY aven Mem. Parl	23d LOCATION CITY OR TOWN	ND. 2.	COUNTY A CO.	STATE Maryla

DHMH - 16 50M 1/B1 (VRA 15, 4)

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DE CEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINT ESTI-DIRECTOR. OUR FILES. 172 HOURS DEATH MATED STREET, 9mue 6. AGE (IN YEARS | IF UNDER 1 YR SEX IF UNDER 24 HRS 2d. HOUR 28. DATE YEAR LAST BIRTHDAY) PRONOUNCED 20 106 YRS DEAD 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY Ret.Pressman. Bros 13d INSTOR CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Frank Venturella Elsie Rossman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 216-18-9183 Mrs. Duretta R. Venturella, Same as 13 W.W.2 18 CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 MEDICA < CERTIFICATION USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR, P. AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 213 226. I certify that I took charge of the remains described above, held on Autopsy Inspection ... death resulted fram: Natural causes Accident Suicide Hamicide ... Undetermined manner SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 10/87 Cedar Hill Cemetery Balto.A.A.Co.Md. BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17**

Home, 130 E. Fort

(VR A15 ME (5))

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## DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINED'S CERTIFICATE OF DEATH

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CERTIFICATE #87-27875

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•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAY BALTIMORE, MARYLAND, 21;		220. I certify that I took charged death resulted from Nature ACTUAL SIGNATURE		Sueph N	Rt. #648 Ann		DATE	9>24-87
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1987

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160 \	WAS DECEASED EVER	(IF YES, GIVE WAR		3-3215	Joan Craft	, Davidso	ed^Maple onville,	Ct. Marylar	nd 2103
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Bowie, Maryland

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TO FUNERAL DIRECTOR.

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## STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	on fow r	shows ony ii	CERTIFICATION	19a DATE OF OPERATIO	NC	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIN FYING CAU	SES OF DE	
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	DHMH - 16 50M	1/91	24 FL	INERAL DIRECTOR	1/6	1/1/21	1 Second	Aveni	1e S.W. 25a DA1	Black Mou	25b, REGIST	TRAR'S SIGI	VATURE	4. 0.
	(VRA 15, 4		Si	ngleton Fun	eral	100000	ADDRESS			7 1987	1			
			01	HETCEOH TUH	CLUI	HOME	OTCH DULL	1209 1	and I do		1			

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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068142 OCT	191	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	O O		
	1. DEC	EASED NAME FIRST	MIDDIE	1A51		DAY YEAR 25 HOUR		
*		MILLARD	HAMILTON	WILSON	OCTORED OS	TORY WAR IF UNDER 24 HIS MI		
7 65	3. SEX	Mai -	4 RACE	S. DATE OF BIRTH		PIFUNDER YVEAR IFUNDER 24 HIS ATA		
- Cope	70 BH	RTHPLACE (STATE OR FOREIGN	CAUCASION  7b. CITIZEN OF WHAT COUNTRY?	2-26-03	9 BALTIMORE CITY OR COUNTY	OFDEATH		
1 16 4		OUNTRY) APUJ AND	MUTTED STATES	MARRIED NEVER MARRIED	_			
C. STATE	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (Type OF WORK FOR MOST OF WORKING LIFE	TA KIND OF BUSINESS OR		
5/31 10 H		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL.	SPECIAL AGOUT	C+ P Telephone		
4 hour	USUA 13a S	TATE 13b. COU		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	10/21/11/		
THE PERSON NAMED IN	14 FA	THER'S NAME	Effrundel Severna	YES NOTHER'S MAIDEN NA	730 DILL R	0/2/146		
1011		SAMUE)	MIDDLE ////SI	IN THA	WIDDIE	GRAY		
Me of the second		AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	11 12 1		
TIMO TIMO		NO -		-0427 GRACE W	ILSON (Same			
BAIL Cooper ovoil		18: CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), an	d (c).)	\ . T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
15 P P P P P P P P P P P P P P P P P P P		IMMEDIA	TE CAUSE (o)	due av	resc			
0 4 4 5 5 5		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	0 01	uctron			
the d		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE					
W to by or all by	3	underlying cause last.	(c) Ano	mid A	SCUD			
DS, 2 topics ban p ben p	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110		
COR PROPERTY OF THE PARTY OF TH	CATI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
# # 2 de 5 7	医				YES NO YES	S   NO		
TV AND THE PARTY OF THE PARTY O	I CERT	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	IRT I OR PART 2)		
O None	DICA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 21f LOCATION				
VISIO G PH The 1 The 1 Med o	ME	WORK NOT WHITE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE		
M A A A A A A A A A A A A A A A A A A A		71.110.11	nital) attended the deceased from_	10 6 19 8	7 , to 10 6	19 8 7, that (I) (we) lost		
CT September 2		saw the deceased alive a above, (1) (we) (did) (did n	ot) view the bady after death.	7. and that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated		
DIRE DIRE		226. SIGNATURE	1 ()	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED		
PITAL 5y 11 5y 11 5y 11		224 PHYSICIAN'S NAME ITYPE	MANULCEN CON	W PHYSICIAN E	DIRECTOR   PHYSICIAN	10-6-81		
O HOSPITA  TO FUNERA				60	5 BALTIMORE ANNAP	OLIS BOULEVARD		
0 f 5 f f F		URIAL CREMATION, REMOVA	736. DATE . 23c 1	NAME OF CEMETERY OR CREMATORY	PARK POCATION I AND 21	146		
BP		BURIAL	10-9-87 St	- Margarets Epuca	gal Annapoles,	A.A. MO		
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR	ADDRESS	BOB 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAPIS SIGNATURE dade.		
(410, 10, 4)	13	HERHING SE	VERNA PARK, M	10 21146 01	01 0 301 0			

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### STATE OF MARYLAND

1-	FOR STATE STATE	1 7h		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST	M	NODLE	t	AST	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR
(TYPE	OR PRINT)	ESTHER		DA	WOLI	MAN		10 29	7 87	70 /m
3. SE	X	Ti	RACE	- 1	5. DATE C		6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 ARS
	temale		C	/	03	17 10	77	YRS		MOOKS MILE.
7e. BI	RTHPLACE (STATE O	R FOREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
	MARYLANI		USA		WIDOWE		ANNE AF			MD.
10 C	TY OR TOWN OF D	EATH 11		OSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPA	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
	NNAPOLI					ERAL HOSPIT	AL HOUSEV	IFE		
	AL RESIDENCE (* NU	RSING HOME OR OTH		GIVE RESIDENCE REFOR		13d. INSIDE CITY EIMITS?	13e. STREET ADDRESS	,	T.103	
M	IARYLAND	A. A	RUNDE:	ANNAP	OLIS	YES X NO	220 A.	HILLTO	P LA.	21403
14. FA	THER'S NAME	MID	015	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	1
	MORRIS	Mil	DIE	CHEPLO	WITZ	ANNA	MIDDLE	S	EIDEI	
	VAS DECEASED EVE			166. SOCIAL SECU		17 INFORMANT	ADD	RESS		
(	YES, NO OR UNKNOWN)	(IF YES, GIVE W		2206856	40	ROBERT WOL	LMAN. BAI	TIMORE	MD.	
	18 CAUSE OF DEA	TH (Enter only )	one couse per	line for (a), (b), on	id (cl.)	_	11	. 6	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE (		Vardo	cella	arcinoma	of ming	wik		
	4.00		DUE TO, OR	R AS A CONSEQU	ENCE OF	mate to	0		2 m	
	Conditions, if or gove rise to in		(b)			1127ay Taxs			02 10	22-
	couse (o), stor	ling the	DUE TO, OR	R AS A CONSEQU	ENCE OF					
			(c)		DE AVIL BUIT	. (0.7.05) . 750 70 715 750	ANIAL DISCOSS OR CO	UDITION CRIE	L B L D A D T L	
Z	PART 2 OTHER SIG	SNIFICANT CO	NDITIONS <u>CC</u>	NIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CC	NUITON GIVE	IN PART III	,
CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
TIFIC							YES NO	YES YES	NG CAUSES	OF DEATH?
CER	210. ACCIDENT WAS U	- Indiana	216. TIME O	F INJURY M. MONTH D	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	SURY IN ITEM 18 PAR	T ( OR PART 2)	
	OR CONTRIBUTING	,	P./		19	100				
MEDICAL	21d. INJURY CCU		21e PLACE			211 LOCATION	CITY OR	TOWN	COUNTY	STATE
Z	angle   hot	WHILE O	( AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET	( )	6-	0-	
	274 certify that	(I) (this hospital	ottended the	deceased from	11	19 8	10 10	129	27	that (I) (we) last
	sow the dece	osed olive on	iew the Madi	ofter death	7	nd that in (my) (our) opinion	death occurred on the	date and hour o	and from the	coyses stated
	278 SIGNATURE	7 / 6	La me body	oner deom.	2	DEGREE			22c DATE	SIGNED/
	X	Sw W	M	· Us		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [	101	25/87

Peeler

Franklin st. Annapolis, MD 51 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 10/30/87

KNESETH ISRAEL CEM

22e. ADDRESS

23d. LOCATION CITY OF TOWN A. Arundel MD. Annapolis

24 FUNERAL DIRECTOR HARDESTY FUNERAL HOME, ANNAPOLIS, MD. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked of them 18 shows

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1GR. 069035 00	2	FOR STATE REFISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	.) 0.	10	8 4
ttor page 3		CEASED NAME FIRST E OR PRINT HARRIE  X Female	RACE CAM	OCH S. DATE C	DAY YEAR	20. DATE OF DEATH  10. AGE (IN YEARS LAST BIR	145	VEAR TUMBER I FEAR ACTUS BARS	1450
eoth. Pogranding the funeral direction of the control of the contr	4	IRTHPLACE (STATE OR FOREIGN TOUNTRY COUNTRY CO	CITIZEN OF WHAT COUNTY	MARRIEI WIDOWE		PANNE  120, USUAL OCCUPATION	= AR	UNDO	= _ MD.
AND 21201	130.	EDGEWATER F ALRESIDENCE HUNURSING HOME PRO- STATE Md. 136 COUNT	HER INSTITUTION GIVE RESIDENCE	LIVING E BEFORE ADMISSION	CON V.	HOUSE WIFE  13. STREET ADDRESS  13. STREET ADDRESS	Bay	House	Rd.
AORE, MARYL sessuant arth signs on 222	16a '	HANEY WAS DECEASED EVER IN U.S. ARMI YES, NE PRUNKNOWN) (IF YES, GIVE V	PODLE YAM ED FORCES? 166 SOCIAL VAR OR DATES) 27.0	noch I SECURITY NO.	15 MOTHER'S MAIDEN NA FIRST  17 INFORMANT  Dog E	ADDRE ADDRE	same o	(AS)	3_
ON ST., BALTIN th certificate be tagging a physican corbon pagents to remare all alike emit than		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. HE	ART	FAILURE	<u> </u>	MINE U		MATÉ INTERVAL NSET AND DEATH
201 W. PREST Property the december of the series of the se		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON-		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART LIC	
AL RECORDS,	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED
DIVISION OF VITAL ING PHYSICIAN After this certifical os the burial-tra th and Mental Hygis orked or frem 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIES MEDICAL EXAMINER) 216. INJURY OCCURRED  WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (ATHOME STREET, FACTORY, C	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	918	( OR PART ?)	STATE
hospital or hospital or hed for use ept. of Heol		270 I certify that (i) the hospitul up the declared oble or above at well did add not.	1/	. 19, an	d that in (my) (our) opinion		ote and hour a		
O HOSPITAL O TO FUNERAL D should be detect with the Stote D		Dr. Lon B.	Lowel /	ne	ATTENDING PHYSICIAN [	St. Annup		10. Md.	9-87
BP	(	BURIAL, CREMATION, REMOVAL SPECEY; PPM CTION UNERAL DIRECTOR	236 DATE 10-10-87	Balt. U	1 1 1 nn	23d LOCATION LITY OR TOWN TEREC'D BY REGISTRAR	256, REGISTR	PISSIGNAU	Mid.

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	Company of the contract of the	DID DATE.
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decided of the state of the		

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FOR	DEPARTMENT OF H
STATE	

	1					STAT	E OF MARYLAND	2 /	2	1 8 8	4
6-0	007 01 4	71	FOR		DEPA	RTMENT OF	HEALTH AND MENTAL HY	GIENE 2	dies d	, 0 0	
69278	UC1 21 4	11 -	STATE REGISTRAR			CERTI	FICATE OF DEATH	BE	G. NO		
000.		I DEC	EASED NAME	FIRST	MIOOLE		LAST	20 DATE OF DEAT		AY YEAR 7h +	HOUR
40	m =		OR PRINTI					1		_ C	4
, p	death death			Letiti			egler		10-16-		/1 M
E G	0	3. SE X			4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	FUNDER I YEAR IF UP	NDER 24 HRS
9 9	rs of		Female		Caucasion		- 31 - 17	1	70 yrs.		
600	direct hours o	7a BIR	THPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 B		9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
d d	in 72		lew York		United State	MARRI	ED NEVER MARRIED	Anne Arundel County, Mc			
9	++ 0	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NUI	RSING HOME		12a USUAL OCCU	JPATION	126 KIND OF BUS	
ofte	4344	Glen Burnie				(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  North Arunda Hospital Homemaker					
120	93				OTHER INSTITUTION GIVE RESIDENCE BI			Homema	VET	Home	
0 21	led and led be	13a S	TATE	13b COU	NTY 13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDR			
AN 2		_	yland	Anne	Arundel Severi	na Park			rgreen Ro	i. / 2114	6
AORE, MARYLAND 21201 executed within 24 hours ond completely filled in by oges 1 and 2 should be file redical examples.	部为	14 FA	THER'S NAME		MIDOLE LAST		15 MOTHER'S MAIDEN N	AME	DLE	LAST	
	超像人		Charles		Hol-	tz	Letitia			Hayes	
	0 5		AS DECEASED EV			ECURITY NO.	17 INFORMANT	9	型學 <sup>S</sup> Hylar	nd Creek	Rd.
WO ×	og o	{ Y	ES, NO OR UNKNOWN)	(1F YES, GIV	050-01	-0762	William J. 2		loomingto	on, MN 55	437
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN. The low requires that the degree entire the executor physicion. The low requires that the degree entircone has been signed by the outling physicion and construction or so the buriol-transit permit. Then please remove carbon parents. Pages I though Mental Hygiene prior to burial, cremation	rs.			ATILIE II			TWITITE OF E	1		APPROXIMATE BETWEEN ONSET	INTERVAL
	F1 1		PART I. DE ATH	WAS CAUSE	nly ane cause per line far (a), (b) ED BY:	une	and freed	Fel. 0		1 men	71
	Gilli			IMMEDIA	TE CAUSE (a)	7 7	44 ( == 0 .	1		11100	
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den	5 0 0		Conditions, if o		(b)	1200	ener tudu	myorne		yeer	) '
4	1000	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
× todt	d by leose ial, cr		underlying ca	use lost.	(c)						
, 20	signed ten ple burn uny, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
RDS equ	10年代19	0 N		Ch	an its recti	) pu	ling cliss	J			
00	prio prio	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS I	
A Pe lo	hos ows	Ē					1	YES NO			0 🗌
T. I. T.	certificate h	ER	210 ACCIDENT WAS	UNGERLYING			21c HOW INJURY OCCL	RRED (ENTER NATURE O	FINJURY IN ITEM 18 PAG	RT FOR PART 2]	
OF V			OR CONTRIBUTING (			DAY YEAR					
YSIG	buriol: 1 Mental or Item	MEDICAL	(IFEITHER NOTIFY A		21e PLACE OF INJURY	17	211 LOCATION				
ISIO PH tend		ME	WHILE NO	WHILE	(AT HOME STREET, FACTORY OF	ICE, FARM, ETC 1	STREET	CITY	ORTOWN	COUNTY	STATE
DIV DIV	After the os the lth and lth and looked		AT WORK AT	WORK		CH	27/ 37	10	1116:	7	
ON O	Heo is I		,	(I) (this nosp eased alive or	ital) ottended the deceased from	- 1	and that in (my) (and opinio	, to	1	y, that	(I) (we) last
ATTI	CTC J for of n 21		above, (1) (we	e) (did no	at) view the bady ofter death.	, ,		n dealli occorred on	ine dole and hadr		
OR P	DIRE Dept		276. SIGNATURE	14	Pr ,	41.	DEGREE	V MEDICAL _	STAFF	220. DATE SIGN	) TED
A 4	_ + 0 _		4615	10 (	Here	111	PHYSICIAN	DIRECTOR   PI	HYSICIAN 🗌	10/16/	6 1
SPIT SPIT SPIT	FUNERAL sid be det to the State ORTANT:		224 PHYSICIAN'S	_			22e ADDRESS		SEAR	AWA PH	NK
O HOS	should be de with the State		CPW VI	in c	HUNCH		S FRANCE	16EN 1		10.2111	16.
of of of	show show	23a B	URIAL CREMATIC	N. REMOVAL	23b DATE	23c NAME OF	CEMETERY OR CREMATOR	23d LOCATION	1		
ВР		- 1	URIAL, CREMATIC			Meadowr	idge Mem. Pk	Dorsey	" Howard	COUNTD	STATE
DP		_		ROBER.	TIS PARRANCO						

DHMH - 16 60M 7/84

(VRA 15, 4)

NAME SEVERNA PARK, MD. 21146 OCT 2 0 1987 REGISTRAR 251 REGISTRARS SIGNATURE

_	FOR
-	STATE
	REGISTRAR

#### DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

		-
F.C.	NO	_

			REGISTRAR				CERTIFI	ICAIL OI DEATH	REG. N	O.		<b>CHINE</b>
8311	בו דחת	RY	CEASED NAME	FIRST	1	MIDDLE	1	AST	20. DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
0 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	001 13		JOSEPH		· LIN	WOOD Z	ILL		OCTOBER	_05.	1987	845 PM
may be der		3 SE	(		4 RACE		5. DATE C		& AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	
ge 4		-1	Male		wh:	ite	3	1.5 YEAR 2.4	63	YRS.	MONTHS DAYS	HOURS MIN
P - P - S	9		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
eoth nero	25		arvland		U.S.	Α.	WIDOWE		ANNE ARL	MDEL	COLINITY	м
p p p	18-1	_	TY OR TOWN OF DEAT	Н				OR OTHER INSTITUTION	12ª LISHAL OCCUPAT	MON	12h MINUS	OF BUCKERS OF
by the	54	-	EN BURNIE		NORTH A	RUNDEL H	OSPIT	AL	Machinest	JF WORKING LIFE	E) INDUSTRY	Pittsbur Glass
how I how	20		TATE	36 COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
22 till 6	-E	M	aryland	P	.A.	Linthic	um	YES NO X	406 Hance	Avenu	e 210	90
rely 2 sh	i i	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
o o o o	O es		Philip		J.	Zill		Olive	MIDDLE		LÂ	Goslin
o o o	edicol		AS DECEASED EVER IN			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	210	90
be ex	med.	(1	YES		VE WAR OR DATES)	217-16-6	962	Bruce E. Cas	terline, Jr	. 406	Hance	Ave.
that the death	ortific rains		Conditions, if any, gave rise to imme cause (a), stating underlying couse	the last.	DUE TO, del	AS A CONSEQUE	NCE OF	my fg				
significant section with the section wit	0 nic	NO	PART 2 OTHER SIGNI	FICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVI	EN IN PART 1	0
low rens been sermit. T	e prior	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF		INGS USED S OF DEATH?
The coor	a po	RT			1 111 111 11			T	YES NO		S 🗌	№ □
hys	H 8	-	21a, ACCIDENT WAS UNDER			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PART 2)	
O B	of E	CAL	(IF EITHER NOTIFY MEDICA		4117		19					
HYS Idin	N o	MEDICAL	214 INJURY OCCURRE	D	21e PLACE			211 LOCATION				
offer the	h and	W	WHILE NOT WHILL AT WORK	E 🗌	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM, ETC )	STREET	CITY OR TO	1 1	COUNTY	STATE
ENDII rol or ruse a	Heali 15 mg	ť	22a I certify that (1) (t			deceosed from	-	id that in (my) (our) opinian		57	1987	that (1) (we) las
hospi RECTied fo	em 2	9.	above, (1) (we) (die	d) (did no	view the body	atter death.		DEGREE	Geom occurred on the B	THE ONG MOUN		E SIGNED
At O the DAL DIA	ote De		Lees	2	15	500		ATTENDING A	MEDICAL STA	FF	10/6	
d by	STANT STANT		226 PHYSICIAN'S NAM	AE (TYPE C	OR PRINTS	_		22e ADDRESS 325	HOSDITAI DD	TVE	CULTE 1	04

CLEN BURNIE
23c NAME OF CEMETERY OR CREMATORY MARYLAND Baltimore Loudon Park Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

10/9/87 Burial 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

PECED FROI M 23e BURIAL, CREMATION, REMOVAL

Mary land

WITE ARRIBIDA COROLLY

DONTH ANUMAL HOSPITAL

.d. . total traces

COR DOWN - WALLY STORY OF STREET